# **EXHIBIT A**

(part 3 of 6)

# EXHIBIT 3

| ACO                             | KD  |                             |        |                | L INSURA            |                                |                             |           | IIUN  |                    |                                       | 05/15/2020 |              |
|---------------------------------|---|-----------------------------|--------|----------------|---------------------|--------------------------------|-----------------------------|-----------|---|--------------------|---------------------------------------|------------|--------------|
| AGENCY<br>Arthur J. Gall        | agher & Co. Insu  |                             |        |                | ANT INFORM          | CARRI<br>Brown                 | ER                          | V         |   |                    |                                       | 05/1       | NAIC CODE    |
|                                 | lo Blvd, Suite 30   |                             |        | <i>J</i> ., 11 |                     |                                | Y POLICY OR PRO             | OGRAM     | NAME  |                    |                                       | PROG       | GRAM CODE    |
|                                 |   |                             |        |                | 4                   | POLICY                         | NUMBER                      |           |   |                    |                                       | 1          |              |
| CONTACT D                       | ina Campana Sm  | ith, CIC                    |        |                |                     | UNDERW                         | RITER                       |           |   | UNDE               | RWRITER OFFICE                        |            |              |
| PHONE (9                        | 25) 299-1112  |                             |        |                |                     |                                |                             |           |   |                    |                                       |            |              |
| FAX<br>(A/C, No): (9            | 25) 299-0328  |                             |        |                |                     |                                |                             | QUO       | TE  |                    | ISSUE POLICY                          |            | RENEW        |
| E-MAIL<br>ADDRESS:              |   | Acres grant and between the |        |                |                     | STATUS                         |                             | BOL       | IND (Give Dal                                   | e and/or A         | ittach Copy):                         |            |              |
| CODE:                           |   | SUBCODE:                    |        |                |                     |                                |                             | CHA       | NGE   | DATE               | TIM                                   | E          | AM           |
| AGENCY CUSTOME                  | RID: SPRIMOU-03   |                             | Lie    | cense          | # 0726293           | -                              |                             | CAN       | ICEL  |                    |                                       |            | PM           |
| SECTIONS AT                     |   |                             |        |                |                     |                                |                             | -         |   |                    |                                       | -          |              |
| NDICATE SECTION                 |   | PREMIUM                     |        |                |                     |                                | PREMIUM                     |           |   |                    |                                       | PR         | REMIUM       |
| ACCOUNTS RI<br>VALUABLE PA      | PERS  | \$                          |        | ELECT          | TRONIC DATA PROC    |                                | \$                          |           | MOTOR   | ORTATIO<br>TRUCK C | ARGO                                  | \$         |              |
| BOILER & MAG                    | CHINERY   | \$                          |        | EQUIP          | PMENT FLOATER       |                                | \$                          |           | TRUCKE  | ERS / MOT          | OR CARRIER                            | \$         |              |
| BUSINESS AU                     | то  | \$                          |        | GARA           | GE AND DEALERS      |                                | \$                          |           | UMBRE   | LLA                |                                       | \$         |              |
| BUSINESS OV                     | NERS  | \$                          |        | GLAS           | S AND SIGN          |                                | \$                          |           | YACHT   |                    |                                       | \$         |              |
| COMMERCIAL                      | GENERAL LIABILITY   | \$                          |        | INSTA          | LLATION / BUILDERS  | RISK                           | s                           |           |   |                    |                                       | \$         |              |
| CRIME                           |   | \$                          |        | OPEN           | CARGO               |                                | ş                           |           |   |                    |                                       | \$         |              |
| DEALERS                         |   | \$                          | X      | PROP           | ERTY                |                                | \$                          |           |   |                    |                                       | \$         |              |
| ATTACHMENT                      | S   |                             |        |                |                     |                                |                             |           |   |                    |                                       |            |              |
| ADDITIONAL                      | NTEREST   |                             | 1      | PREM           | NUM PAYMENT SUPP    | LEMENT                         |                             |           |   |                    |                                       |            |              |
| ADDITIONAL F                    | PREMISES  |                             |        | PROF           | ESSIONAL LIABILITY  | SUPPLEM                        | IENT                        |           |   |                    |                                       |            |              |
| APARTMENT                       | BUILDING SUPPLEMENT                                       |                             |        | REST           | AURANT / TAVERN S   | UPPLEME                        | NT                          |           |   |                    |                                       |            |              |
| CONDO ASSN                      | BYLAWS (for D&O Cover                                     | age only)                   |        | STATI          | EMENT / SCHEDULE    | OF VALUE                       | S                           |           |   | -                  | A A A A A A A A A A A A A A A A A A A |            |              |
| CONTRACTOR                      | RS SUPPLEMENT   |                             |        | STATI          | E SUPPLEMENT (If an | plicable)                      |                             |           |   |                    |                                       |            |              |
| COVERAGES                       | SCHEDULE  |                             |        |                | NT BUILDING SUPPL   |                                |                             |           |   |                    |                                       |            |              |
|                                 | RMATION SCHEDULE  |                             | 1      |                | CLE SCHEDULE        |                                |                             |           |   |                    |                                       |            |              |
| INTERNATION                     | AL LIABILITY EXPOSURE                                     | SUPPLEMENT                  | 1      | 1              |                     |                                |                             |           | # 100mm/ 008-8000000000000000000000000000000000 |                    |                                       |            |              |
|                                 | AL PROPERTY EXPOSUI                                       |                             |        |                |                     |                                |                             |           |   |                    |                                       |            |              |
| LOSS SUMMA                      | RY  |                             |        |                |                     |                                |                             |           |   |                    |                                       |            |              |
| POLICY INFO                     | RMATION   |                             |        |                |                     |                                |                             |           |   |                    |                                       |            |              |
|                                 | TE PROPOSED EXP DAT                                       | TE BILLING                  | PLAN   |                | PAYMENT PLAN        | METH                           | OD OF PAYMENT               | AUD       | T DEF   | POSIT              | MINIMUM                               | PC         | OLICY PREMIU |
| 06/01/2020                      | 06/01/2021  |                             | -      |                |                     |                                |                             |           | 15  |                    | \$                                    | \$         |              |
|                                 |   | DIRECT                      | A      | GENCY          |                     |                                |                             | 1         | 1   |                    |                                       |            |              |
| AME (First Named                | NFORMATION<br>Insured) AND MAILING A<br>in Vinevard, Inc. | ADDRESS (including )        | (IP+4) |                |                     | GL CODI                        | E 8                         | BIC       |   | NAICS              | 3                                     | FEIN       | OR SOC SEC # |
| 2805 Spring M<br>St. Helena, CA |   |                             |        |                |                     | Bliche                         | SS PHONE #: (70             | 71 063    | 7_4499  |                    |                                       |            |              |
| or more and                     |   |                             |        |                |                     |                                | E ADDRESS                   | 1 30      | -4100   |                    |                                       |            |              |
|                                 |   |                             |        |                |                     | VILLOUIT                       | _ PODITESO                  |           |   |                    |                                       |            |              |
| X CORPORATIO                    | N JOINT VENT  | URE                         |        | 1,6            | OT FOR PROFIT ORG   |                                | SUBCHAPTER"                 | מיי מחחיי | ORATION   | ***                |                                       |            |              |
| INDIVIDUAL                      | NO. 0   | FMEMBERS                    |        |                | ARTNERSHIP          | · -                            | TRUST                       | S CORI    | ORAHOR  | I.                 | -1                                    |            |              |
| 1                               | d Insured) AND MAILING                                    | ANAGERS                     | 7/D44  | _              | ing Business As     | GI CON                         | 4                           | SIC       |   | NAICS              |                                       | EEW -      | OR SOC SEC#  |
| pring Mounta                    | in Vineyard, INC.   | ADDITESS (Including         | 211:14 | ,              |                     | OL OUD                         | -                           |           |   | IVAIO              | -                                     | a more     | OK 300 300 s |
| 805 Spring M<br>st. Helena. CA  | in Vineyard, INC.<br>ountain Road<br>94574                |                             |        |                |                     | BITCIME                        | CE DUONE # /70              | 71 067    | 4400  |                    |                                       |            |              |
|                                 |   |                             |        |                |                     |                                | SS PHONE#:(70'<br>E ADDRESS | 1 201     | → 100   |                    |                                       |            |              |
|                                 |   |                             |        |                |                     | WELISH                         | L ADDINESS                  |           |   |                    |                                       |            |              |
| X CORPORATIO                    | N JOINT VENT  | TIRE                        |        | Ь1             | OT FOR PROFIT OR    | 1-1-                           | SUBCHAPTER"                 | Si CODi   | MONTAGO   | T                  | _                                     |            |              |
| INDIVIDUAL                      | NO. O   | FMEMBERS                    |        | -              | ARTNERSHIP          |                                | TRUST                       | o core    | ONA ION   | L                  |                                       |            |              |
| NAME (Other Name                | d Insured) AND MAILING                                    | ADDRESS (including          | ZIP+4  | _              | DIVINEDOUL          | GL COD                         | -                           | SIC       |   | NAIC               | \$                                    | FEIN       | OR SOC SEC # |
| Chateau Cheva<br>2805 Spring M  | aller<br>ountain Road                                     |                             |        |                |                     |                                |                             |           |   |                    |                                       |            |              |
| 2805 Spring M<br>St. Helena, CA | 94574   |                             |        |                |                     | BUSINE                         | SS PHONE#.(70               | 7) 967    | <b>-4188</b>                                    |                    |                                       |            |              |
|                                 |   |                             |        |                |                     |                                | E ADDRESS                   |           |   |                    |                                       |            |              |
|                                 |   |                             |        |                |                     |                                |                             |           |   |                    |                                       |            |              |
| X CORPORATIO                    | N JOINT VENT  | TURE                        |        | N              | OT FOR PROFIT OR    | 3                              | SUBCHAPTER"                 | S" COR    | PORATION  |                    |                                       |            |              |
| X CORPORATIO                    |   |                             |        |                |                     | ORG SUBCHAPTER 'S" CORPORATION |                             |           |   |                    |                                       |            |              |

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X

| CONTACT INFORMATION CONTACT TYPE: Accounting Co  |   |                           |       |            |      |                | OMER ID:    |             |  |  |
|--|---|---------------------------|-------|------------|------|----------------|-------------|-------------|--|--|
| CONTACT NAME: Paul Rembold   | ontact  |                           |       |            | CON  | TACT TYPE:     |             |             |  |  |
| W. 1 1 7 1 W. 1 . 1 W. 1   | t   |                           |       |            | CON  | TACT NAME:     |             |             |  |  |
| RIMARY   | CELL SECONDARY  | Y HOME BU                 | s 🗆   | CELL       | PRIM | IARY H         | OME - BUS   | CELL        | SECONDARY HOME   | BUS CELL   |
| RIMARY E-MAIL ADDRESS: rembol  | dt@pacbell.net  |                           |       |            | PRIN | IARY E-MAIL AD | DRESS:      |             |  |  |
| CONDARY E-MAIL ADDRESS:  |   |                           |       |            |      | ONDARY E-MAIL  |             |             |  |  |
| REMISES INFORMATION  | (Attach ACORD 8   | 23 for Additiona          | al Pr | emises)    |      |                |             |             |  |  |
| 2805 Spring Mounta   |   |                           |       | Y LIMITS   | INT  | EREST          | #FULL T     | IME EMPL    | ANNUAL REVENUES: \$  |  |
| 1 Zous Spring Wounte   | IIII ROAU   |                           | X     | INSIDE     | X    | OWNER          |             |             | OCCUPIED AREA:   | SQ   |
| LD# CITY:St. Helena  |   | STATE: CA                 |       | OUTSIDE    |      | TENANT         | #PART T     | IME EMPL    | OPEN TO PUBLIC AREA:   | SQ   |
| 1 COUNTY: Napa   |   | ZIP:94574                 |       |            |      |                |             |             | TOTAL BUILDING AREA:   | SQ   |
| SCRIPTION OF OPERATIONS:   |   |                           |       |            |      |                |             |             | ANY AREA LEASED TO OTH   | HERS? Y/N  |
| 2805 Spring Mounta   | ain Road  |                           | -     | LIMITS     |      | EREST          | #FULL T     | IME EMPL    | ANNUAL REVENUES: \$  |  |
| 1  |   |                           | Х     | INSIDE     | X    | OWNER          |             |             | OCCUPIED AREA:   | SQ   |
| D# CITY:St. Helena   |   | STATE: CA                 |       | OUTSIDE    |      | TENANT         | #PART T     | 1           | OPEN TO PUBLIC AREA:   | SQ   |
| 2 COUNTY: Napa   |   | ZIP: 94574                | 4 64  | -41        |      |                |             |             | TOTAL BUILDING AREA:   | SQ   |
| SCRIPTION OF OPERATIONS: USE   | u by owner & to   | r special gues            |       |            | 1    | FDFAT          | 40.01       |             | ANY AREA LEASED TO OTH   | HERD! IIN  |
| 2805 Spring Mounta   | ain Road  |                           | X     | LIMITS     | X    | EREST          | #FULL T     |             | ANNUAL REVENUES: \$ OCCUPIED AREA:   | SQ   |
| 1 OFFICE Halana  |   | CTATE: O A                | ^     | INSIDE     |      | TENANT         | # DADT T    |             | OPEN TO PUBLIC AREA:   | SQ   |
| .D# CITY:St. Helena  |   | STATE: CA<br>ZIP: 94574   | H     | COLSIDE    |      | LEMAINE        | #FARI I     |             | TOTAL BUILDING AREA:   | SQ   |
| 3 COUNTY: Napa<br>SCRIPTION OF OPERATIONS: Use   |   |                           |       |            |      |                |             |             | ANY AREA LEASED TO OTH   |  |
| SCRIPTION OF OPERATIONS: OSC   | d for tasting foo   | 7111                      | CITY  | Y LIMITS   | INIT | EREST          | #FILL T     | IME EMPL    | ANNUAL REVENUES: \$  | ILIO: 1714   |
| 2805 Spring Mounta   | ain Road  |                           | X     | INSIDE     | X    | OWNER          | #10221      |             | OCCUPIED AREA:   | SQ   |
| 1<br>D# CITY:St. Helena  |   | STATE: CA                 |       | OUTSIDE    | -    | TENANT         | #PART T     | IME EMPL    | OPEN TO PUBLIC AREA:   | SQ   |
| 4 COUNTY: Napa   |   | ZIP: 94574                |       | 00.00      |      |                |             |             | TOTAL BUILDING AREA:   | SQ   |
| SCRIPTION OF OPERATIONS:   |   |                           |       |            | -    |                |             |             | ANY AREA LEASED TO OTH   |  |
|  |   |                           |       |            |      |                |             |             |  |  |
|  |   |                           |       |            |      |                |             |             |  |  |
|  |   | INSTALI                   | LATIO | N, SERVICI | E OR | REPAIR WORK    |             | OFF PREMISE | ES INSTALLATION, SERVICE   | OR REPAIR WORK   |
| ETAIL STORES OR SERVICE OPERAT<br>ESCRIPTION OF OPERATIONS OF OT   |   | ES:                       | LATIO | N, SERVICI | E OR | REPAIR WORK    | •           | OFF PREMISE | ES INSTALLATION, SERVICE<br>%  | OR REPAIR WORK   |
| DDITIONAL INTEREST (Noterest Additional X Loss pages   | ot all fields apply  NAME AND ADDRESSEE  CNH Capital                            | es:<br>to all scenarios   |       | ovide o    | %    |                |             |             | ORD 45 for more Ad   | ditional Intere  |
| DDITIONAL INTEREST (Note that the second sec | ot all fields apply  NAME AND ADDRES CNH Capital P.O. Box 3600                  | to all scenarios          | - pr  | ovide o    | %    | the necessa    | ry data). A | ttach AC    | ORD 45 for more Add  | ditional Intere  |
| DDITIONAL INTEREST (Noterest Additional INSURED X Loss Payer Insured X L | ot all fields apply  NAME AND ADDRES  E CNH Capy 3600                           | to all scenarios          | - pr  | ovide o    | %    | the necessa    | ry data). A | ttach AC    | ORD 45 for more Add  | ditional Intere<br>EM NUMBER<br>BUILDING:              |
| DDITIONAL INTEREST (Note that the second sec | ot all fields apply  NAME AND ADDRES  CNH Capital  P.O. Box 3600  Lansaster, PA | to all scenarios          | - pr  | ovide o    | %    | the necessa    | ry data). A | ttach AC    | ORD 45 for more Add  | ditional Intere<br>FEM NUMBER<br>BUILDING:<br>BOAT:    |
| DDITIONAL INTEREST (NOT TEREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER OWNER  | ot all fields apply NAME AND ADDRES CHH Capital P.o. Box 3600 Lansaster, PA     | to all scenarios ss RANK: | - pr  | ovide oi   | %    | the necessa    | ry data). A | ttach AC    | ORD 45 for more Add  L INTEREST IN IT  LOCATION:  VEHICLE:  AIRPORT:  ITEM | ditional Interesement Number Building: BOAT: AIRCRAFT: |
| DDITIONAL INTEREST (NOTEREST ADDITIONAL X LOSS PAYE INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR TRUSTER   | ot all fields apply  NAME AND ADDRES  CNH Capital  P.O. Box 3600  Lansaster, PA | to all scenarios ss RANK: | - pr  | ovide or   | %    | the necessa    | ry data). A | ttach AC    | ORD 45 for more Add  | ditional Interesement Number Building: BOAT: AIRCRAFT: |

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| GEI  | ERAL INFO          | RMATION                     |  |                           | AGENCY CU                      | ISTOMER ID:          | SPRIMOU-03              | JRTZ                 | AUDES |
|------|--------------------|-----------------------------|--|---------------------------|--------------------------------|----------------------|-------------------------|----------------------|-------|
| EXPL | AIN ALL "YES" RE   | ESPONSES                    |  |                           |                                |                      |                         |                      | Y/N   |
| 1a.  | S THE APPLICA      | ANT A SUBSIDIA              | ARY OF ANOTHER ENTITY                                  | ?                         |                                |                      |                         |                      | N     |
|      | PARENT COMPA       | NY NAME                     |  |                           |                                | RELATIONSHIP         | ESCRIPTION              | % OWNED              |       |
| 1b.  | DOES THE APP       | LICANT HAVE                 | ANY SUBSIDIARIES?                                      |                           |                                |                      |                         |                      | N     |
|      | SUBSIDIARY CO      | MPANY NAME                  |  |                           |                                | RELATIONSHIP         | ESCRIPTION              | % OWNED              |       |
| 2.   | S A FORMAL S       | AFETY PROGR                 | AM IN OPERATION?                                       |                           |                                |                      |                         |                      | N     |
|      | SAFETY MA          | NUAL                        | MONTHLY MEETIN   | gs                        |                                |                      |                         |                      | '     |
|      | SAFETY PO          | SITION                      | OSHA   |                           |                                |                      |                         |                      |       |
| 3.   | ANY EXPOSUR        | E TO FLAMMAE                | BLES, EXPLOSIVES, CHEM                                 | ICALS?                    |                                |                      |                         |                      | ·N    |
| 4.   | ANY OTHER IN       | SURANCE WIT                 | TH THIS COMPANY? (List                                 | policy numbers)           |                                |                      |                         |                      | N     |
|      | LINE OF BUSINE     |                             | POLICY NUMBER  |                           | LINE OF BUSINESS               |                      | POLICY NUMBER           |                      | "     |
|      |                    |                             |  |                           |                                |                      |                         |                      |       |
|      |                    |                             |  |                           |                                |                      |                         |                      |       |
|      |                    |                             | DECLINED, CANCELLED OF                                 |                           | JRING THE PRIOR T              | HREE (3) YEARS       | FOR ANY PREMISE         | S OR                 | N     |
| 1    | NON-PAYM           |                             | licants - Do not answer thi<br>AGENT NO LONGER REPRESE |                           |                                |                      |                         |                      |       |
|      | NON-RENE           |                             |  | ONDITION CORRECTED        | (Describe):                    |                      |                         |                      |       |
| 6.   |                    |                             | IS RELATING TO SEXUAL A                                |                           |                                | S. DISCRIMINATION    | ON OR NEGLIGENT H       | IIRING?              | N     |
|      |                    |                             |  |                           |                                | , 5.001              |                         |                      | "     |
|      |                    |                             |  |                           |                                |                      |                         |                      |       |
| 7.   | DURING THE L       | AST FIVE YEAR               | RS (TEN IN RI), HAS ANY AF                             | PLICANT BEEN INDI         | CTED FOR OR CON                | VICTED OF ANY        | DEGREE OF THE CR        | RIME OF FRAUD,       | N     |
|      | BRIBERY, ARS       | ON OR ANY OT                | HER ARSON-RELATED CR<br>wered by any applicant for p   | IME IN CONNECTION         | I WITH THIS OR AN'             | Y OTHER PROPE        | RTY?                    | famoanar nuninhahla  |       |
|      |                    |                             | of imprisonment).                                      | roporty modrance. 1 at    | illule to disclose the e       | Alatelice of all ale | on conviction is a misc | remeanor pullishable | 1 1   |
|      |                    |                             |  |                           |                                |                      |                         |                      | 1 1   |
|      |                    |                             |  |                           |                                |                      |                         |                      |       |
| 8.   | ANY UNCORRE        | CTED FIRE AN                | ID/OR SAFETY CODE VIOL                                 | ATIONS?                   |                                |                      |                         |                      | N     |
|      | OCCURRENCE<br>DATE | EXPLANATION                 |  |                           | ь                              | ESOLUTION            |                         | RESOLUTION           |       |
|      | DATE               | EXPERIMENTON                |  |                           | K                              | EGOLOTION            |                         | DATE                 |       |
|      |                    |                             |  |                           |                                |                      |                         |                      |       |
| 9.   | HAS APPLICAN       | IT HAD A FORE               | CLOSURE, REPOSSESSIC                                   | N, BANKRUPTCY OR          | FILED FOR BANKR                | UPTCY DURING         | THE LAST FIVE (5) Y     | EARS?                | N     |
|      | OCCURRENCE         |                             |  |                           |                                |                      | .,                      | RESOLUTION           |       |
|      | DATE               | EXPLANATION                 |  |                           | R                              | ESOLUTION            |                         | DATE                 |       |
|      |                    |                             |  |                           |                                |                      |                         |                      |       |
| 40   | LIAO ADDI IOAA     | <br>                        | ENERIT OF LIEU DURING                                  | E IE 1 10T ES (E (S) ) (E |                                |                      |                         |                      | - 61  |
| 10.  | OCCURRENCE         | I HAD A JODG                | EMENT OR LIEN DURING                                   | INE LAST FIVE (5) TE      | :ARS?                          |                      |                         | RESOLUTION           | N     |
|      | DATE               | EXPLANATION                 |  |                           | R                              | ESOLUTION            |                         | DATE                 |       |
|      |                    |                             |  |                           |                                |                      |                         |                      |       |
|      |                    |                             |  |                           |                                |                      |                         |                      |       |
| 11.  | HAS BUSINESS       | BEEN PLACE                  | D IN A TRUST?  |                           |                                |                      |                         |                      | N     |
|      | NAME OF TRUS       | इ                           |  |                           |                                |                      |                         |                      |       |
|      |                    |                             |  |                           |                                |                      |                         |                      |       |
| 12.  | (If "YES", attach  | OPERATIONS,<br>ACORD 815 fo | FOREIGN PRODUCTS DIS<br>r Liability Exposure and/or A  | CORD 816 for Propert      | R US PRODUCTS S<br>v Exposure) | OLD/DISTRIBUTI       | ED IN FOREIGN COU       | NTRIES?              | N     |
| 13.  |                    |                             | ER BUSINESS VENTURES                                   |                           |                                | STED?                |                         |                      | N     |
| 1    |                    |                             |  |                           |                                |                      |                         |                      |       |
|      |                    |                             |  |                           |                                |                      |                         |                      |       |
| RE   | MARKS / PRO        | CESSING IN                  | STRUCTIONS (ACORD                                      | 101. Additional Re        | marks Schedule.                | may be attache       | ed if more space is     | required)            |       |
|      | ATTACHE            |                             |  |                           |                                |                      |                         |                      |       |
|      |                    |                             |  |                           |                                |                      |                         |                      |       |
| PR   | OR CARRIE          | RINFORMAT                   | TION   |                           |                                |                      |                         |                      |       |
| YEA  | R CATEGORY         |                             | GENERAL LIABILITY                                      | AUTO                      | MOBILE                         | PROI                 | PERTY                   | THER: CPKGE          |       |
| 000  | CARRIER            |                             |  |                           |                                |                      |                         | Fireman's Fund In:   | sur   |
| 200  | POLICY NUM         | BER                         |  |                           |                                |                      |                         | MZX80829080          |       |
|      | PREMIUM            | \$                          |  | \$                        | a.                             | \$                   | \$                      |                      |       |
|      | EFFECTIVE D        | DATE                        |  |                           |                                |                      |                         | 06/01/2004           |       |
|      | EXPIRATION         | DATE                        |  |                           |                                |                      |                         | 06/01/2005           |       |

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**JRYAUDES** 

|                | CATEGORY        | GENERAL LIABILITY  | AUTOMOBILE | PROPERTY | OTHER: CUMBR         |
|----------------|-----------------|--|------------|----------|----------------------|
| 125111         | CARRIER         |  | 710,0110   |          | Fireman's Fund Insur |
| 2004 -<br>2005 | POLICY NUMBER   |  |            |          | XYM00076378918       |
| .003           | PREMIUM         | \$   | s          | \$       | \$                   |
|                | EFFECTIVE DATE  |  |            |          | 06/01/2004           |
|                | EXPIRATION DATE | on the statement of the |            |          | 06/01/2005           |
|                | CARRIER         | Transport  |            |          | Fireman's Fund Insur |
| 2005 -<br>2006 | POLICY NUMBER   |  |            |          | XAU00097874069       |
| -000           | PREMIUM         | \$   | \$         | \$       | \$                   |
|                | EFFECTIVE DATE  |  |            |          | 06/01/2005 CUMBR     |
|                | EXPIRATION DATE |  |            |          | 06/01/2006           |

| LOSS HISTO            | RY             | Check if none (Attach Loss Summary for               | Additional Loss  | Information) |                 |                         |                      |
|-----------------------|----------------|--|------------------|--------------|-----------------|-------------------------|----------------------|
|                       | S OR LOSSES (F | Y GIVE RISE TO CLAIMS                                | TOTAL LOSSES: \$ |              |                 |                         |                      |
| DATE OF<br>OCCURRENCE | LINE           | TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM            | DATE OF CLAIM    | AMOUNT PAID  | AMOUNT RESERVED | SUBRO-<br>GATION<br>Y/N | CLAIM<br>OPEN<br>Y/N |
| 07/09/2000            | water          | toilet tank cracked resulting in water damage to LR, |                  | 13,012       | 0               | )                       | N                    |
| 07/09/2000            | water          | toilet tank cracked resulting in water damage to LR, |                  | 13,012       | 0               | )                       | N                    |
|                       |                |  | 3                |              |                 |                         |                      |

#### SIGNATURE

DDIOD CADDIED INCODMATION (continued)

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION.

(Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or W. Specific ACORD 38s are available for applicants in these states.)

(Applicant's Initialis):

[Applicant's Initialis]:

[Applicant's Initial's Initial's Initial's Initial's Initial's Initial's Initial's

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil negatives.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| DUCER'S SIGNATURE Q C L X | PRODUCER'S NAME (Please Print)  Dina Campana Smith, CIC |      | STATE PRODUCER LICENSE NO (Required in Florids) |  |  |
|---------------------------|---|------|---|--|--|
| APPLICANT'S SIGNATURE     |   | DATE | NATIONAL PRODUCER NUMBER                        |  |  |

ACORD 125 (2013/09)



**JRYAUDES** 

#### ADDITIONAL PREMISES INFORMATION SCHEDULE

Page 1 of 3

| AGENCY  |   | FICE   | ense # 0/20 | 233    | CARRIE   | :R  |             |                  |                            | NAIC CODE |
|---------|---|--------|-------------|--------|----------|-----|-------------|------------------|----------------------------|-----------|
| Arthu   | J. Gallagher & Co. Insurance Brok       | ers o  | f CA., Inc. | )<br>A | Chubb    | Lin | nited       |                  |                            |           |
| POLICY  | UMBER                                   |        | EFFECTIVE D | ATE    | NAMED IN | SUR | ED(S)       |                  |                            |           |
|         |   |        | 06/01/202   | 20     | Spring   | Mo  | untain Vine | yard, Inc.       |                            |           |
| PREMI   | SES INFORMATION                         |        |             |        |          |     |             |                  |                            |           |
| LOC#    | STREET<br>2805 Spring Mountain Road     |        |             | CIT    | Y LIMITS | INT | EREST       | # FULL TIME EMPL | ANNUAL REVENUES: \$        |           |
| 1       | 2009 Spring Mountain Noau               |        |             | X      | INSIDE   | Х   | OWNER       |                  | OCCUPIED AREA:             | SQ FT     |
| BLD#    | CITY: St. Helena                        | STATE  | ≅ CA        |        | OUTSIDE  |     | TENANT      | #PART TIME EMPL  | OPEN TO PUBLIC AREA:       | SQ FT     |
| 5       | COUNTY: Napa                            | ZIP:9  | 4574        |        |          |     |             |                  | TOTAL BUILDING AREA:       | SQ FT     |
| DESCRIP | TION OF OPERATIONS:                     |        |             |        |          |     |             |                  | ANY AREA LEASED TO OTHERS  | ? Y / N:  |
| LOC#    | STREET 2805 Spring Mountain Road        |        |             | CIT    | Y LIMITS | INT | EREST       | # FULL TIME EMPL | ANNUAL REVENUES: \$        |           |
| 1       | 2000 Opining incontraint Notice         |        |             | X      | INSIDE   | Х   | OWNER       |                  | OCCUPIED AREA:             | SQ FT     |
| BLD#    | CITY: St. Helena                        | STATE  | E CA        |        | OUTSIDE  |     | TENANT      | # PART TIME EMPL | OPEN TO PUBLIC AREA:       | SQ FT     |
| 6       | соинту: Napa                            | ZIP: 9 | 4574        |        |          |     |             |                  | TOTAL BUILDING AREA:       | SQ FT     |
| DESCRIP | TION OF OPERATIONS:                     |        |             |        |          |     |             |                  | ANY AREA LEASED TO OTHERS  | ? Y/N:    |
| LOC#    | STREET 2805 Spring Mountain Road        |        |             | CIT    | Y LIMITS | INT | EREST       | # FULL TIME EMPL | ANNUAL REVENUES: \$        |           |
| 1       | 2000 Opinig mountain Road               |        |             | X      | INSIDE   | X   | OWNER       |                  | OCCUPIED AREA:             | 9Q FT     |
| BLD#    | CITY: St. Helena                        | STATE  | ≘ CA        |        | OUTSIDE  |     | TENANT      | #PART TIME EMPL  | OPEN TO PUBLIC AREA:       | SQ FT     |
| 7       | соинту: Nара                            | ZIP:9  | 4574        |        |          |     |             |                  | TOTAL BUILDING AREA:       | SQ FT     |
| DESCRIP | PTION OF OPERATIONS:                    |        |             |        |          |     |             |                  | ANY AREA LEASED TO OTHERS  | ? Y / N:  |
| LOC#    | STREET 3101 Spring Mountain Road        |        |             | CIT    | Y LIMITS |     | EREST       | #FULL TIME EMPL  | ANNUAL REVENUES: \$        |           |
| 2       | o to a opining mountains would          |        |             | X      | INSIDE   | Х   | OWNER       |                  | OCCUPIED AREA:             | SQ FT     |
| BLD#    | CITY: St. Helena                        | STATI  | E: CA       |        | OUTSIDE  |     | TENANT      | #PART TIME EMPL  | OPEN TO PUBLIC AREA:       | SQ FT     |
| 11      | соинту: Napa                            |        | 4574        |        |          |     |             |                  | TOTAL BUILDING AREA:       | SQ FT     |
| DESCRIP | TION OF OPERATIONS: Used for wine stor  | age    |             |        |          | _   |             |                  | ANY AREA LEASED TO OTHERS  | ? Y/N:    |
| LOC#    | STREET 2849 Spring Mountain Road        |        |             | CIT    | Y LIMITS | INT | EREST       | # FULL TIME EMPL | ANNUAL REVENUES: \$        |           |
| 3       | and opining mountain troud              |        |             | X      | INSIDE   | X   | OWNER       |                  | OCCUPIED AREA:             | SQ FT     |
| BLD#    | CITY: St. Helena                        | STATI  | E: CA       |        | OUTSIDE  |     | TENANT      | #PART TIME EMPL  | OPEN TO PUBLIC AREA:       | SQ FT     |
| 1       | соинту: Nара                            | ZIP:9  | 4574        |        | 1        |     |             |                  | TOTAL BUILDING AREA:       | SQ FT     |
| DESCRIP | PTION OF OPERATIONS: Rented to others   |        |             |        |          |     |             |                  | ANY AREA LEASED TO OTHERS  | ? Y / N:  |
| LOC#    | STREET<br>2849 Spring Mountain Road     |        |             | CIT    | Y LIMITS | INT | EREST       | # FULL TIME EMPL | ANNUAL REVENUES: \$        |           |
| 3       |   |        |             | X      | INSIDE   | X   | OWNER       |                  | OCCUPIED AREA:             | SQ FT     |
| BLD#    | CITY: St. Helena                        | STATI  | E: CA       |        | OUTSIDE  |     | TENANT      | #PART TIME EMPL  | OPEN TO PUBLIC AREA:       | SQ FT     |
| 2       | соинту: Napa                            | ZIP:9  | 4574        |        | 1        |     |             |                  | TOTAL BUILDING AREA:       | SQ FT     |
| DESCRI  | PTION OF OPERATIONS:                    |        |             |        |          | _   |             |                  | ANY AREA LEASED TO OTHERS  | 7 Y / N:  |
| LOC#    | STREET 2849 Spring Mountain Road        |        |             | CIT    | Y LIMITS | INT | EREST       | # FULL TIME EMPL | ANNUAL REVENUES: \$        |           |
| 3       |   |        |             | X      | INSIDE   | X   | OWNER       |                  | OCCUPIED AREA:             | SQ FT     |
| BLD#    | CITY: St. Helena                        | STAT   | E: CA       |        | OUTSIDE  |     | TENANT      | #PART TIME EMPL  | OPEN TO PUBLIC AREA:       | SQ FT     |
| 3       | соинту: Nара                            |        | 4574        |        |          |     |             |                  | TOTAL BUILDING AREA:       | SQ FT     |
| DESCRI  | PTION OF OPERATIONS: Used for wine stor | age    |             |        |          |     |             |                  | ANY AREA I FASED TO OTHERS | S VIN-    |

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE FOLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

ACORD 823 (2011/10)

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**JRYAUDES** 

#### ADDITIONAL PREMISES INFORMATION SCHEDULE

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| AGENCY   | License # 0726293 | CARRIER   | NAIC CODE |
|--|-------------------|---|-----------|
| Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. |                   | Chubb Limited                                   |           |
| POLICY NUMBER  |                   | NAMED INSURED(S) Spring Mountain Vineyard, Inc. |           |
| DDEMICES INCODMATION                                     |                   |   |           |

| PREM    | ISES INFORMATION                    |            |           |           |       |                  |                     |                            |        |
|---------|-------------------------------------|------------|-----------|-----------|-------|------------------|---------------------|----------------------------|--------|
| LOC#    | STREET<br>2849 Spring Mountain Road |            | CI        | TY LIMITS | INT   | EREST            | # FULL TIME EMPL    | ANNUAL REVENUES: \$        |        |
| 3       | 2040 Spring Mountain Road           |            | X         | INSIDE    | X     | OWNER            |                     | OCCUPIED AREA:             | SQ FT  |
| BLD#    | CITY: St. Helena                    | STATE: CA  |           | OUTSIDE   |       | TENANT           | #PART TIME EMPL     | OPEN TO PUBLIC AREA:       | SQ FT  |
| 4       | соинту: Nара                        | zip:94574  |           |           |       |                  |                     | TOTAL BUILDING AREA:       | SQ FT  |
| DESCRI  | TION OF OPERATIONS: Used for wine   | storage    |           |           |       | <u> </u>         |                     | ANY AREA LEASED TO OTHERS? | Y/N:   |
| LOC#    | STREET                              |            | CI        | TY LIMITS | 1N1   | EREST            | # FULL TIME EMPL    | ANNUAL REVENUES: \$        |        |
| 3       | 2849 Spring Mountain Road           |            | X         | INSIDE    | X     | OWNER            |                     | OCCUPIED AREA:             | SQ FT  |
| BLD#    | CITY: St. Helena                    | STATE: CA  |           | OUTSIDE   |       | TENANT           | #PART TIME EMPL     | OPEN TO PUBLIC AREA:       | SQ FT  |
| 5       | соинту: Nара                        | ZIP:94574  |           |           |       | 1                |                     | TOTAL BUILDING AREA:       | SQ FT  |
| DESCRI  | PTION OF OPERATIONS: Rented to oth  | ers        | -         | -         |       |                  |                     | ANY AREA LEASED TO OTHERS? | Y/N:   |
| LOC#    | STREET                              |            | CI        | TY LIMITS | INT   | EREST            | # FULL TIME EMPL    | ANNUAL REVENUES: \$        |        |
| 3       | 2849 Spring Mountain Road           |            | X         | INSIDE    | Х     | OWNER            |                     | OCCUPIED AREA:             | SQ FT  |
| BLD#    | CITY: St. Helena                    | STATE: CA  | 1         | OUTSIDE   |       | TENANT           | #PART TIME EMPL     | OPEN TO PUBLIC AREA:       | SQ FT  |
| 6       | COUNTY: Napa                        | ZIP:94574  |           |           |       |                  |                     | TOTAL BUILDING AREA:       | SQ FT  |
| DESCRIP | TION OF OPERATIONS: Part of main to | ouse use   |           |           |       |                  |                     | ANY AREA LEASED TO OTHERS? | Y/N:   |
| LOC#    | STREET                              | CI         | TY LIMITS | INT       | EREST | # FULL TIME EMPL | ANNUAL REVENUES: \$ |                            |        |
| 4       | 1150 Dowdell Lane<br>Wine Storage   |            | X         | X INSIDE  |       | OWNER            |                     | OCCUPIED AREA:             | SQ FT  |
| BLD#    | CITY: St. Helena                    | STATE: CA  |           | OUTSIDE   | Х     | TENANT           | #PART TIME EMPL     | OPEN TO PUBLIC AREA:       | SQ FT  |
| 1       | соинту: Nара                        | zip:94574  | _         |           |       |                  |                     | TOTAL BUILDING AREA:       | SQ FT  |
| DESCRI  | PTION OF OPERATIONS:                |            | -         | -         |       |                  |                     | ANY AREA LEASED TO OTHERS? | Y / N: |
| LOC#    | STREET                              |            | CI        | TY LIMITS | INT   | EREST            | #FULL TIME EMPL     | ANNUAL REVENUES: \$        |        |
| 5       | STREET<br>2820 Spring Mountain Rd.  |            | х         | INSIDE    | X     | OWNER            |                     | OCCUPIED AREA:             | SQ FT  |
| BLD#    | CITY: St. Helena                    | STATE: CA  |           | OUTSIDE   |       | TENANT           | #PART TIME EMPL     | OPEN TO PUBLIC AREA:       | SQ FT  |
| 1       | соинту: Nара                        | ZIP:94574  | -         | 1         |       |                  |                     | TOTAL BUILDING AREA:       | SQ FT  |
|         | PTION OF OPERATIONS: Used as gues   |            |           |           |       |                  |                     | ANY AREA LEASED TO OTHERS? | Y/N:   |
| LOC#    | STREET                              |            | CI        | TY LIMITS | INT   | EREST            | # FULL TIME EMPL    | ANNUAL REVENUES: \$        |        |
| 5       | 2820 Spring Mountain Rd.            |            | X         | INSIDE    | х     | OWNER            |                     | OCCUPIED AREA:             | SQ FT  |
| BLD#    | CITY: St. Helena                    | STATE: CA  | -         | OUTSIDE   | -     | TENANT           | *PART TIME EMPL     | OPEN TO PUBLIC AREA:       | SQ FT  |
| 2       | COUNTY: Napa                        | ZIP: 94574 |           | +         | -     |                  |                     | TOTAL BUILDING AREA:       | SQ FT  |
| neecol  | PTION OF OPERATIONS: Occupied by    |            |           |           |       |                  |                     | ANY AREA LEASED TO OTHERS? | Y/N:   |
| LOC#    |                                     | omproyeee  | ic        | TY LIMITS | IMI   | EREST            | # FULL TIME EMPL    | ANNUAL REVENUES: \$        |        |
| 5       | STREET<br>2820 Spring Mountain Rd.  |            | X         |           | X     |                  | WY OLL SHIP LOS     | OCCUPIED AREA:             | SQ FT  |
| BLD#    | CITY: St. Helena                    | STATE: CA  | - 1^      | OUTSIDE   | ^     | TENANT           | #PART TIME EMPL     | OPEN TO PUBLIC AREA:       | SOFT   |
| 3       | COUNTY: Napa                        | ZIP:94574  | -         | JOHNE     | -     | 1 COMPANY        | WEART THIS CHIEL    | TOTAL BUILDING AREA:       | SQFT   |
|         |                                     |            |           |           |       |                  |                     | OW F1                      |        |

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ACORD 823 (2011/10)

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AGENCY

BLD#

LOC#

CITY

COUNTY:

STREET

CITY:

**DESCRIPTION OF OPERATIONS:** 

**DESCRIPTION OF OPERATIONS:** 

AGENCY CUSTOMER ID: SPRIMOU-03

**JRYAUDES** 

#### ADDITIONAL PREMISES INFORMATION SCHEDULE

License # 0726293 CARRIER

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NAIC CODE

| Attitu  | o. Gallagnel & Co. Ilistitatice Dio | KCI S U | CM., HIG. |     | CHUDD              | F311 | ntea                |                  |                          |            |
|---------|-------------------------------------|---------|-----------|-----|--------------------|------|---------------------|------------------|--------------------------|------------|
| POLICY  | NUMBER                              |         | 06/01/202 |     | NAMED IN<br>Spring |      | en(s)<br>untain Vin | eyard, Inc.      |                          |            |
| PREM    | ISES INFORMATION                    |         |           |     |                    |      |                     |                  |                          |            |
| LOC#    | STREET<br>60 Harlow Court           |         |           | CIT | Y LIMITS           | INT  | EREST               | # FULL TIME EMPL | ANNUAL REVENUES: \$      |            |
|         | Wine Storage (Wine Co-op)           |         |           |     | INSIDE             |      | OWNER               |                  | OCCUPIED AREA:           | SQ FT      |
| BLD#    | ситу: Nара                          | STATE   | : CA      |     | OUTSIDE            |      | TENANT              | #PART TIME EMPL  | OPEN TO PUBLIC AREA:     | SQ FT      |
| _1_     | COUNTY:                             | ZIP:9   | 4558      |     |                    |      |                     |                  | TOTAL BUILDING AREA:     | SQ FT      |
| DESCRIP | PTION OF OPERATIONS:                |         |           |     |                    |      |                     |                  | ANY AREA LEASED TO OTHER | S? Y / N:  |
| LOC#    | STREET<br>241 Tower Road            |         |           | CIT | Y LIMITS           | INT  | EREST               | #FULL TIME EMPL  | ANNUAL REVENUES: \$      |            |
| 7       | Wine Storage (Wine Co-op)           |         |           |     | INSIDE             |      | OWNER               |                  | OCCUPIED AREA:           | SQ FT      |
| BLD#    | CITY: American Canyon               | STATE   | E CA      |     | OUTSIDE            |      | TENANT              | # PART TIME EMPL | OPEN TO PUBLIC AREA:     | SQ FT      |
| 1       | COUNTY:                             | ZIP: 9  | 4503      |     |                    |      |                     |                  | TOTAL BUILDING AREA:     | SQ FT      |
| DESCRIP | PTION OF OPERATIONS:                |         |           |     |                    |      |                     |                  | ANY AREA LEASED TO OTHER | IS? YIN:   |
| LOC#    | STREET                              |         |           | CIT | Y LIMITS           | INT  | EREST               | # FULL TIME EMPL | ANNUAL REVENUES: \$      |            |
| 8       |                                     |         |           |     | INSIDE             |      | OWNER               |                  | OCCUPIED AREA:           | SQ FT      |
| BLD#    | CITY:                               | STATE   | ≘:        |     | OUTSIDE            |      | TENANT              | #PART TIME EMPL  | OPEN TO PUBLIC AREA:     | SQFT       |
| 1       | COUNTY:                             | ZIP:    |           |     |                    |      |                     |                  | TOTAL BUILDING AREA:     | SQ FT      |
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| LOC#    | STREET                              |         |           | CIT | Y LIMITS           | IN1  | TEREST              | # FULL TIME EMPL | ANNUAL REVENUES: \$      |            |
|         |                                     |         |           |     | INSIDE             |      | OWNER               |                  | OCCUPIED AREA:           | SQ FT      |
| BLD#    | CITY:                               | STATE   | E:        |     | OUTSIDE            |      | TENANT              | #PART TIME EMPL  | OPEN TO PUBLIC AREA:     | SQ.FT      |
|         | COUNTY:                             | ZIP:    |           |     |                    |      |                     |                  | TOTAL BUILDING AREA:     | SQ FT      |
| DESCRI  | PTION OF OPERATIONS:                |         |           |     |                    |      |                     |                  | ANY AREA LEASED TO OTHER | ts? Y / N: |
| LOC#    | STREET                              |         |           | CIT | Y LIMITS           | INT  | TEREST              | # FULL TIME EMPL | ANNUAL REVENUES: \$      |            |
|         |                                     |         |           |     | INSIDE             |      | OWNER               |                  | OCCUPIED AREA:           | SQ FT      |
| BLD#    | CITY:                               | STATE   | E:        |     | OUTSIDE            |      | TENANT              | #PART TIME EMPL  | OPEN TO PUBLIC AREA:     | SQ FT      |
|         | COUNTY:                             | ZIP:    |           |     |                    |      |                     |                  | TOTAL BUILDING AREA:     | SQ FT      |
| DESCRI  | PTION OF OPERATIONS:                |         |           |     | -                  |      |                     |                  | ANY AREA LEASED TO OTHER | RS? Y / N: |
| LOC#    | STREET                              |         |           | CIT | Y LIMITS           | BN1  | TEREST              | # FULL TIME EMPL | ANNUAL REVENUES: \$      |            |

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

INSIDE

CITY LIMITS

INSIDE

OUTSIDE

OUTSIDE

STATE

STATE:

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INTEREST

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL. THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

ACORD 823 (2011/10)

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OCCUPIED AREA:

OPEN TO PUBLIC AREA:

TOTAL BUILDING AREA:

ANNUAL REVENUES: \$

OPEN TO PUBLIC AREA:

TOTAL BUILDING AREA

OCCUPIED AREA:

ANY AREA LEASED TO OTHERS? Y / N:

ANY AREA LEASED TO OTHERS? Y / N:

# PART TIME EMPL

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PAGE 1 OF 1 **JRYAUDES** 

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| Gallagher & Co. In   | surance Brokers of CA., In   |   | Chubb Limited  ATE NAMED INSURED(S)  |  |  |  |  |  |
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| YEE REGISTRANT   |  |   |  |  | ITEM<br>CLASS:   | ITEM:  |  |  |
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| Antonios Taler II  |  |   |  |  |  |  |  |  |
| R INTEREST:  |  | _   | E-MAIL ADDRESS:  |  | -  |  |  |  |
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| ONAL LOSS PAYEE  | NAME AND ADDRESS RANK:   | EVIDENCE:   |  | POLICY   | SEND BILL  | LOCATION:  | BUILDING:  |  |
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ACORD 45 (2009/04)

|  | INSURANCE APPLICATI                         | ON -               |          |       | SP           | RIMOU-03           | JRYAUDES | PAGE 1         | OF 1    |
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| 2805 Spring Mountai                          |   |                    | RUS      | INES  | S DHONE # (7 | 707) 967-4188      |          |                |         |
| St. Helena, CA 94574                         | <b>F</b>                                    |                    | _        |       | ADDRESS      | 01/001-4100        |          |                |         |
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| Good Wine Company                            | y, A Delaware Corp                          | ,                  |          |       |              |                    |          | I Cill Git Got | 020 #   |
| 2805 Spring Mountai<br>St. Helena, CA 94574  |   |                    | BUSI     | INES  | S PHONE # (7 | 707) 967-4188      |          |                |         |
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| INDIVIDUAL                                   | LLC NO. OF MEMBERS AND MANAGERS:            | PARTNERSHIP        |          |       | TRUST        |                    |          |                |         |

APPLIED 1250NI (2009/08)

COMMERCIAL INSURANCE APPLICATION -SPRIMOU-03 **JRYAUDES** PAGE 1 OF 4 PRIOR CARRIER INFORMATION SCHEDULE OTHER CPKGE YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY CARRIER Fireman's Fund Insur 2005 -2006 POLICY NUMBER MZX80843168 PREMIUM \$ 06/01/2005 EFFECTIVE DATE EXPIRATION DATE 06/01/2006 OTHER CUMBR AUTOMOBILE PROPERTY YEAR CATEGORY GENERAL LIABILITY CARRIER Fireman's Fund Insur POLICY NUMBER XAU00087910253 2006 · 2007 PREMIUM EFFECTIVE DATE 06/01/2006 EXPIRATION DATE 06/01/2007 OTHER CPKGE YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY CARRIER Fireman's Fund Insur 2006 -2007 POLICY NUMBER MZX80858709 PREMIUM 06/01/2006 EFFECTIVE DATE EXPIRATION DATE 06/01/2007 OTHER CUMBR YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY CARRIER Fireman's Fund Insur 2007 -2008 POLICY NUMBER XAU00089339212 PREMIUM EFFECTIVE DATE 06/01/2007 EXPIRATION DATE 06/01/2008 OTHER CPKGE YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY CARRIER Fireman's Fund Insur POLICY NUMBER MZX80874568 2007 -2008 PREMIUM s 06/01/2007 EFFECTIVE DATE EXPIRATION DATE 06/01/2008 OTHER CUMBR YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY CARRIER Fireman's Fund Insur 2008 -2009 POLICY NUMBER XAU79217246 PREMIUM \$ EFFECTIVE DATE 06/01/2008 EXPIRATION DATE 06/01/2009 OTHER CPKGE YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY CARRIER Fireman's Fund Insur POLICY NUMBER MZX80890360 2008 -2009 PREMIUM S EFFECTIVE DATE 06/01/2008 **EXPIRATION DATE** 06/01/2009 OTHER CPKGE PROPERTY YEAR CATEGORY GENERAL LIABILITY **AUTOMOBILE** CARRIER **Associated Indemnity** POLICY NUMBER MZX80906030 2009 -2010 PREMIUM \$ EFFECTIVE DATE 06/01/2009 EXPIRATION DATE 06/01/2010 OTHER CUMBR AUTOMOBILE PROPERTY YEAR CATEGORY **GENERAL LIABILITY** CARRIER Fireman's Fund Insur POLICY NUMBER XAU60808664 2009 -2010 PREMIUM \$ \$ EFFECTIVE DATE 06/01/2009 EXPIRATION DATE 06/01/2010

**APPLIED 125PCIS (2009/08)** 

**COMMERCIAL INSURANCE APPLICATION -**SPRIMOU-03 **JRYAUDES** PAGE 2 OF 4 PRIOR CARRIER INFORMATION SCHEDULE OTHER CPKGE YEAR CATEGORY **GENERAL LIABILITY** AUTOMOBILE PROPERTY CARRIER Associated Indemnity 2010 -2011 POLICY NUMBER MZX80920450 PREMIUM \$ \$ **EFFECTIVE DATE** 06/01/2010 EXPIRATION DATE 06/01/2011 OTHER CUMBR CATEGORY YEAR **GENERAL LIABILITY** AUTOMOBILE PROPERTY CARRIER Firemans Fund Insura 2010 -2011 POLICY NUMBER XAU74468349 PREMIUM \$ \$ \$ EFFECTIVE DATE 06/01/2010 EXPIRATION DATE 06/01/2011 CATEGORY GENERAL LIABILITY YEAR AUTOMOBILE PROPERTY OTHER CARRIER Firemans Fund Fireman's Fund POLICY NUMBER 2011 -2012 MZX80931228 MZX80931228 PREMIUM 82,544.00 \$ \$ **EFFECTIVE DATE** 06/01/2011 06/01/2011 EXPIRATION DATE 06/01/2012 06/01/2012 OTHER CPKGE YEAR CATEGORY **GENERAL LIABILITY AUTOMOBILE** PROPERTY CARRIER Firemans Fund 2012 -2013 POLICY NUMBER MZX80940779 PREMILIM \$ \$ s \$ EFFECTIVE DATE 06/01/2012 EXPIRATION DATE 06/01/2013 OTHER CPKGE YEAR CATEGORY **GENERAL LIABILITY** AUTOMOBILE PROPERTY CARRIER **Firemans Fund** MZX80956523 POLICY NUMBER 2014 -2015 PREMIUM 93,496,00 \$ \$ \$ 06/01/2014 EFFECTIVE DATE 06/01/2015 EXPIRATION DATE OTHER CPKGE YEAR CATEGORY **GENERAL LIABILITY** AUTOMOBILE **PROPERTY** CARRIER Assoc Indemnity/Firemans Fund 2015 -2016 POLICY NUMBER MZX80963511 PREMIUM \$ \$ S 103,801.00 EFFECTIVE DATE 06/01/2015 EXPIRATION DATE 06/01/2016 OTHER CPKGE CATEGORY YEAR GENERAL LIABILITY AUTOMOBILE PROPERTY CARRIER Assoc Indemnity/FFIC 2016 -2017 POLICY NUMBER MZX80970912 PREMIUM S \$ \$ 105,284.00 EFFECTIVE DATE 06/01/2016 EXPIRATION DATE 06/01/2017 OTHER CPKGE CATEGORY GENERAL LIABILITY YEAR **AUTOMOBILE** PROPERTY CARRIER Associated Indemnity/FFIC POLICY NUMBER 2017 -2018 MZX80979160 PREMIUM \$ \$ \$ 172,568.00 EFFECTIVE DATE 06/01/2017 EXPIRATION DATE 06/01/2018 CATEGORY GENERAL LIABILITY AUTOMOBILE OTHER CPKGE PROPERTY CARRIER Associated Indemnity/Firemans Fund 2018 -2019 POLICY NUMBER MZX80988176 PREMIUM \$ \$ \$ 164,154.00 EFFECTIVE DATE 06/01/2018

**APPLIED 125PCIS (2009/08)** 

EXPIRATION DATE

06/01/2019

### COMMERCIAL INSURANCE APPLICATION -

SPRIMOU-03 **JRYAUDES** PAGE 3 OF 4 PRIOR CARRIER INFORMATION SCHEDULE OTHER CUMBR YEAR CATEGORY AUTOMOBILE PROPERTY GENERAL LIABILITY CARRIER Fireman's Fund Insur 2004 -2005 POLICY NUMBER XYM00076378918 PREMIUM \$ \$ \$ EFFECTIVE DATE 06/01/2004 EXPIRATION DATE 06/01/2005 OTHER CUMBR YEAR CATEGORY PROPERTY **GENERAL LIABILITY** AUTOMOBILE CARRIER Fireman's Fund Insur POLICY NUMBER XAU00097874069 PREMIUM \$ \$ **EFFECTIVE DATE** 06/01/2005 EXPIRATION DATE 06/01/2006 OTHER CUMBR YEAR CATEGORY **GENERAL LIABILITY** AUTOMOBILE PROPERTY CARRIER Fireman's Fund Insur POLICY NUMBER 2006 -2007 XAU00087910253 PREMIUM \$ EFFECTIVE DATE 06/01/2006 EXPIRATION DATE 06/01/2007 OTHER CUMBR YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY CARRIER Fireman's Fund Insur 2007 -2008 POLICY NUMBER XAU00089339212 PREMIUM 5 \$ 06/01/2007 EFFECTIVE DATE EXPIRATION DATE 06/01/2008 OTHER CUMBR YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY CARRIER Fireman's Fund Insur XAU79217246 2008 -2009 POLICY NUMBER PREMIUM 06/01/2008 EFFECTIVE DATE 06/01/2009 EXPIRATION DATE OTHER CUMBR YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY CARRIER Fireman's Fund Insur 2009 -2010 POLICY NUMBER XAU60808664 PREMIUM \$ EFFECTIVE DATE 06/01/2009 EXPIRATION DATE 06/01/2010 OTHER CUMBR YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY CARRIER Firemans Fund Insura POLICY NUMBER XAU74468349 2010 -2011 PREMIUM EFFECTIVE DATE 06/01/2010 EXPIRATION DATE 06/01/2011 OTHER CUMBR YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY CARRIER Firemans Fund POLICY NUMBER 2011 -2012 XAU24090664 PREMIUM S 9,693.00 EFFECTIVE DATE 06/01/2011 EXPIRATION DATE 06/01/2012 OTHER CUMBR YEAR CATEGORY GENERAL LIABILITY AUTOMOBILE PROPERTY Fireman's Fund POLICY NUMBER 2012 -2013 XAU31944861 PREMIUM \$ \$ EFFECTIVE DATE 06/01/2012 EXPIRATION DATE 06/01/2013

**APPLIED 125PCIS (2009/08)** 

## COMMERCIAL INSURANCE APPLICATION -

| YEAR           | CATEGORY            | GENERAL LIABILITY          | AUTOMOBILE  | PROPERTY    | OTHER CUMBR                            |
|----------------|---------------------|----------------------------|-------------|-------------|--|
|                | CARRIER             | Santarota airibiari i      | AGTORIODIEL | THO EXT     | Fireman's Fund                         |
| 013 -<br>2014  | POLICY NUMBER       |                            |             |             | XAU24346900                            |
| 2014           | PREMIUM             | Serianicita/hamers salipha | \$          | \$          | CONTRACTOR OF THE SCHOOL OF THE SECOND |
|                | EFFECTIVE DATE      | •                          |             | · ·         | \$ 10,719.00<br>06/01/2013             |
|                | EXPIRATION DATE     |                            |             |             |  |
|                |                     |                            |             |             | 06/01/2014                             |
| /EAR           | CATEGORY            | GENERAL LIABILITY          | AUTOMOBILE  | PROPERTY    | OTHER CUMBR                            |
| 014 .          | POLICY NUMBER       |                            |             |             | Firemans Fund                          |
| 014 -<br>2015  |                     | 0                          |             |             | XAU57923468                            |
|                | PREMIUM             | \$                         | \$          | \$          | \$ 10,783.00                           |
|                | EFFECTIVE DATE      |                            |             |             | 06/01/2014                             |
|                | EXPIRATION DATE     |                            |             |             | 06/01/2015                             |
| YEAR           | CATEGORY            | GENERAL LIABILITY          | AUTOMOBILE  | PROPERTY    | OTHER CUMBR                            |
| 040            | CARRIER             |                            |             |             | Firemans Fund                          |
| 016 -<br>2017  | POLICY NUMBER       |                            |             |             | XAU24540775                            |
|                | PREMIUM             | \$                         | \$          | \$          | \$ 9,907.00                            |
|                | EFFECTIVE DATE      |                            |             |             | 06/01/2016                             |
|                | EXPIRATION DATE     |                            |             |             | 06/01/2017                             |
| YEAR           | CATEGORY            | GENERAL LIABILITY          | AUTOMOBILE  | PROPERTY    | OTHER CUMB                             |
|                | CARRIER             |                            |             |             | Firemans Fund                          |
| 018 -<br>2019  | POLICY NUMBER       |                            |             |             | SUO00015350895                         |
| 2013           | PREMIUM             | \$                         | \$          | ! <b>\$</b> | \$ 13,461.00                           |
|                | EFFECTIVE DATE      |                            |             |             | 06/01/2018                             |
|                | EXPIRATION DATE     |                            |             |             | 06/01/2019                             |
| YEAR           | CATEGORY            | GENERAL LIABILITY          | AUTOMOBILE  | PROPERTY    | OTHER CUMBR                            |
| 1 Just 1       | CARRIER             | GENERAL EIABIETT           | ACTOMOBILE  | FROFERIT    | Firemans Fund                          |
| 017 -<br>2018  | POLICY NUMBER       |                            |             |             | SUO00015306913                         |
| 2018           | PREMIUM             | \$                         | \$          | \$          | \$ 12,356.00                           |
|                | EFFECTIVE DATE      | •                          | •           |             | 06/01/2017                             |
|                | EXPIRATION DATE     |                            |             |             | 06/01/2018                             |
|                |                     |                            |             |             |  |
| YEAR           | CATEGORY            | GENERAL LIABILITY          | AUTOMOBILE  | PROPERTY    | OTHER CPKGE                            |
| 0119 -         |                     |                            |             |             | Firemans Fund/Allianz                  |
| 2019 -<br>2020 | POLICY NUMBER       |                            |             |             | MZX80997457                            |
|                | PREMIUM             | \$                         | \$          | \$          | \$ 120,576.00                          |
|                | EFFECTIVE DATE      |                            |             |             | 06/01/2019                             |
|                | EXPIRATION DATE     |                            |             |             | 06/01/2020                             |
| YEAR           | CATEGORY<br>CARRIER | GENERAL LIABILITY          | AUTOMOBILE  | PROPERTY    | OTHER                                  |
|                | POLICY NUMBER       |                            |             |             |  |
|                | PREMIUM             | \$                         | \$          | \$          | \$                                     |
|                | EFFECTIVE DATE      |                            |             |             |  |
|                | EXPIRATION DATE     |                            |             |             |  |
| YEAR           | CATEGORY            | GENERAL LIABILITY          | AUTOMOBILE  | PROPERTY    | OTHER                                  |
|                | CARRIER             |                            |             |             |  |
|                | POLICY NUMBER       |                            |             | 1           |  |
|                | PREMIUM             | \$                         | \$          | \$          | \$                                     |
|                | EFFECTIVE DATE      |                            |             |             | <u> </u>                               |
|                | EXPIRATION DATE     |                            |             |             |  |
| VEC -          |                     | A PROPERTY AND ADDRESS OF  |             |             | 2010                                   |
| YEAR           | CATEGORY            | GENERAL LIABILITY          | AUTOMOBILE  | PROPERTY    | OTHER                                  |
|                |                     |                            |             |             |  |
|                | POLICY NUMBER       |                            |             |             |  |
|                | PREMIUM             | \$                         | \$          | \$          | \$                                     |
|                | EFFECTIVE DATE      |                            |             |             |  |
|                | EXPIRATION DATE     |                            |             |             |  |

APPLIED 125PCIS (2009/08)

| <b>ACORD</b> |
|--------------|
|              |

**JRYAUDES** 

LOC#: 1

#### **ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

| AGENCY                              | License # 0726293    |   |  |
|-------------------------------------|----------------------|---|--|
| Arthur J. Gallagher & Co. Insurance | Brokers of CA., Inc. | Spring Mountain Vineyard, Inc.<br>2805 Spring Mountain Road |  |
| POLICY NUMBER                       |                      | St. Helena, CA 94574<br>Napa                                |  |
| CARRIER                             | NAIC CODE            |   |  |
| Chubb Limited                       |                      | EFFECTIVE DATE: 06/01/2020                                  |  |
| ADDITIONAL REMARKS                  |                      |   |  |

| FORM NUMBER: | ACORD 125 | FORM TITLE: | COMMERCIAL INSURANCE APPLICATION INFORMATION SECTION |
|--------------|-----------|-------------|--|
|--------------|-----------|-------------|--|

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

Nature of Business
Winery & vineyard. Spring Mountain owns all property except loc. #2, which is owned by Good Wine Co. - See attached breakdown of property and limits by location.

ACORD 101 (2008/01)

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|   |                                    |                  |            | AGE                       | NCY C      | USTOMER            | R ID:             | SPR        | IMOU-03                    |                      | JRYAUDI                                |
|---|------------------------------------|------------------|------------|---------------------------|------------|--------------------|-------------------|------------|----------------------------|----------------------|--|
| ACORD   | )"                                 |                  |            | PERT                      |            |                    | N                 |            |                            |                      | DATE (MM/DD/YYYY)<br>05/15/2020        |
| GENCY NAME<br>Inthur J. Gallagher & Co.       | Insurance Broke                    | ers of C         |            | se # 07262                |            | RRIER<br>Ibb Limit | ed                |            |                            |                      | NAIC CODE                              |
| OLICYNUMBER                                   |                                    |                  |            | FECTIVE DAT<br>06/01/2020 |            | ED INSURED         | (s)<br>Itain Vine | yard, Inc  | G.                         |                      |  |
| LANKET SUMMARY                                |                                    |                  |            |                           | -          |                    |                   | 4          |                            |                      |  |
| LKT# AMOUNT                                   |                                    | TYPE             |            |                           | BLK        | T# A               | MOUNT             | 0.00       | NIOEB.                     | TYPE                 |  |
| 30,438,778 S<br>6,174,543 S                   |                                    |                  |            |                           | 3          |                    | 2,887,27          | 9 501: 1   | BUSER                      |                      |  |
| 0,118,91990                                   | PREMISES # ()                      | STRE             | ET ADDRE   | ss: Blanke                |            |                    |                   | 1          |                            |                      |  |
| REMISES INFORMATION                           | BUILDING # 1                       |                  | 3 DESCRIP  |                           |            |                    |                   |            | Va No.                     |                      | H                                      |
| SUBJECT OF INSURANCE                          | AMOUNT                             | COINS            | S % VALU-  | CAUSES O                  | F LOSS     | INFLATION<br>GUARD | DED               | DED        | BLKT FORM                  | AS AND CON           | DITIONS TO APPLY                       |
| anket   | 36,613,3                           |                  |            | Special (In               | cluding    |                    | 10,000            |            | BC, Bla                    | nket Bui<br>ed       | ding & BPP                             |
| illding                                       | 30,438,7                           | 78               | R          | Special (In<br>theft)     | cluding    | 2                  | 10,000            |            | 1 Blanket                  | Limit                |  |
| usiness Income with<br>ctra Expense and Renta | 2,887,2                            | 79               |            | Special (In               | cluding    |                    | 100               |            | 3 Blanket<br>Per of h      | Busines              | s Income - Ext<br>days                 |
| ersonal Property                              | 6,174,5                            | 43               | R          | Special (In<br>theft)     | cluding    |                    | 10,000            |            | 2 Blanket<br>Propert       | Buşines<br>y - No St | s Personal<br>ock included             |
| tra Expense                                   | 2,887,2                            | 79,              |            | Special (In               | cluding    |                    | 10,000            |            | Extra Ex                   | xpense               |  |
| DDITIONAL INFORMATION                         | BUSINESS INCOME / E                | XTRA EXP         | ENSE - Att | ach ACORD 6               | 10         | I v                | ALUE REPOR        | TING INFOR | MATION - Attach /          | ACORD 811            |  |
| DDITIONAL COVERAGES.                          | OPTIONS, RESTR                     | CTIONS           | S, ENDO    | RSEMENT                   | SAND       | RATING II          | NFORMAT           | ION        |                            |                      |  |
| POILAGE DESCRIPTION OF PRODVERAGE (Y / N)     | OPERTY COVERED                     |                  |            |                           |            | LIMIT<br>\$        |                   | REFRIG I   | MENT BRE                   |                      | CONTAMINATION                          |
|   |                                    |                  |            |                           |            | DEDUCTIBI<br>\$    | LE                |            |                            | VER OUTAGE           | SELLING                                |
| NKHOLE COVERAGE (Required in                  | Florida)                           |                  |            | ACCE                      | PT COVE    | RAGE               | REJECT            | COVERAGE   | LIMIT: \$                  |                      |  |
| INE SUBSIDENCE COVERAGE (Rec                  |                                    | -                |            | ACCE                      | PT COVE    | RAGE               | REJECT            | COVERAGE   | LIMIT: \$                  |                      |  |
| PROPERTY HAS BEEN DESIGNA                     | NIED AN HISTORICAL LA              | NUMARK           |            |                           |            |                    |                   |            | # OF OPEN                  | SIDES ON ST          | ROCTURE:                               |
| ONSTRUCTION TYPE                              |                                    | ESTAT            | FI         | RE DISTRICT               |            | CODE NUM           | BER PRO           | CL #STO    | ORIES #BASM'TS             | YR BUILT             | TOTAL AREA                             |
| UILDING IMPROVEMENTS                          | FT                                 | BLDG CO<br>GRADE | DE TAX     | CODE ROO                  | OF TYPE    |                    | OTHER OCC         | JPANCIES   |                            | 1/                   |  |
|   | LUMBING, YR:<br>EATING, YR:<br>YR: | WIND CLA         | ASS        | SEMI- RE                  | ESISTIVE   |                    | HEATING<br>STOVE  | OR FIREPLA | NCL WOODBURN<br>ICE INSERT | ING DAT              | TALLED:                                |
| IMARY HEAT                                    | 11%,                               | NEO              | ISHVE 1    |                           | SEC        | ONDARY HE          |                   | A Chart C  |                            |                      |  |
| BOILER SOLID FUI                              | a. [ ]                             |                  |            |                           |            | BOILER             | SOL               | ID FUEL    |                            |                      |  |
| IF BOILER, IS INSURANCE PLACE                 | ED ELSEWHERE?                      | Y/N              |            |                           |            | IF BOILER, I       | SINSURANCE        | E PLACED E | LSEWHERE?                  | Y/N                  |  |
| GHT EXPOSURE & DISTANCE                       | LEFT EXPO                          | SURE & D         | DISTANCE   |                           | FRO        | NT EXPOSUR         | RE & DISTANC      | E          | REAR EXF                   | POSURE & DI          | STANCE                                 |
| JRGLAR ALARM TYPE                             |                                    | C                | ERTIFICAT  | E#                        |            |                    |                   |            | EXPIRATION D               | S                    | ENTRAL LOC<br>STATION GON<br>WITH KEYS |
| URGLAR ALARM INSTALLED AND                    | SERVICED BY                        |                  |            |                           | EXT        | ENT                | G                 | RADE       | #GUARDS / W/               | ATCHMEN              | . CLOCK HOURLY                         |
| REMISES FIRE PROTECTION (Sprin                | klers, Standpipes, CO2 /           | Chemical :       | Systems)   | %                         | SPRNK<br>0 | FIRE ALARM         | MANUFACT          | URER       |                            |                      | LOCAL GONG                             |
| DDITIONAL INTEREST                            | ACORD 45 att                       | ached 1          | or addit   | tional nam                | es         |                    |                   |            |                            |                      |  |
| -   | NAME AND ADDRESS                   | RANK:            | EVID       | DENCE:                    | CERTIFIC   | CATE               |                   |            |                            | INTEREST IN          | ITEM NUMBER                            |
| LOSS PAYEE                                    |                                    |                  |            |                           |            |                    |                   |            | LOCATION                   | N:                   | BUILDING:                              |
| MORTGAGEE                                     |                                    |                  |            |                           |            |                    |                   |            | CLASS:                     |                      | ITEM:                                  |
|   |                                    |                  |            |                           |            |                    |                   |            | HEM DES                    | CRIPTION             |  |
|   | REFERENCE / LOAN #:                |                  |            | 100                       |            |                    |                   |            |                            |                      |  |

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|  |  |              |          |        | AGENCY               | 'C       | USTOME     | R ID:    |         | SP                  | RIMO    | OU-03                  |                   |              | J              | RYAUDE           |
|--|--|--------------|----------|--------|----------------------|----------|------------|----------|---------|---------------------|---------|------------------------|-------------------|--------------|----------------|------------------|
| ADDITIONAL                                     | PREMISES # 1   | STREET       | ADDRE    | ss: 2  | 805 Spring           | a N      | Mountair   | Road     | I. St.  | Helena.             | CA      | 94574                  |                   |              |                |                  |
| PREMISES INFORMATION                           | BUILDING # 1   |              |          |        | Winery &             |          |            |          |         |                     |         |                        |                   |              |                |                  |
| SUBJECT OF INSURANCE                           | AMOUNT   | COINS %      | MALLE    |        | USES OF LOS          |          | INFLATIO   | N D      | ED      | DED<br>TYPE         | BLK     | FORMS                  | AND CC            | ווסמכ        | IONS T         | O APPLY          |
| Building                                       | 3,983,63   | 0            | R        | Spe    | cial (Includir<br>t) | ng       |            |          | 0.000   |                     |         | Included<br>Bldg       | in Bla            | ınko         | et - W         | inery            |
|  | 343 23355  | ŭ,           |          |        |                      |          |            | - 1      | ,,000   |                     |         | Diug                   |                   |              |                |                  |
| Business Income with<br>Extra Expense and Rent | al 144,36  | 4            |          |        | cial (Includir<br>t) |          |            |          | 0       |                     |         | Included               | in Bla            | ınke         | et             |                  |
| Personal Property                              | 5,688,93   | 6            | R        | Spe    | cial (includir<br>t) | ng       |            | 10       | 0,000   |                     |         | Included<br>Equipme    | in Bla<br>nt, Off | inke<br>fice | et-Inv         | entory,          |
|  | THE PROPERTY OF THE PROPERTY O | TO A EVOCAL  | OF A#    |        | 0000 040             |          |            | VALUE    | acno    | TIMO INFO           | ADAMA T | PON Attach AC          | OPD 944           |              |                |                  |
| ADDITIONAL INFORMATION                         | BUSINESS INCOME / EX   |              |          |        |                      | -        | DATING     |          |         |                     | KWAI    | ION - Attach AC        | DRD 811           |              |                |                  |
| ADDITIONAL COVERAGES                           |  | TIONS, E     | ENDO     | RSE    | MENISAN              | ו טו     | T          | INFOR    | II AIVI | I                   |         | T OPTIONS              |                   |              |                |                  |
| SPOILAGE DESCRIPTION OF PI                     | ROPERTY COVERED  |              |          |        |                      |          | LIMIT      |          |         | REFRIC              |         |                        | CDCMARL I         | OB C         | CALTARA        | INATION          |
| (Y/N)  |  |              |          |        |                      |          | \$ DEDUCTI | BLE      |         | (1)                 | / N)    |                        | R OUTAG           |              |                | SELLING<br>PRICE |
| SINKHOLE COVERAGE (Required in                 | n Florida)   |              |          |        | ACCEPT CO            | VER      |            | RE       | JECT C  | COVERAGI            |         | LIMIT: \$              |                   |              |                |                  |
| MINE SUBSIDENCE COVERAGE (Re                   | •  | )            |          |        | ACCEPT COV           |          |            | -        |         | COVERAGI            |         | LIMIT: \$              |                   |              |                |                  |
| PROPERTY HAS BEEN DESIGN                       |  |              |          |        |                      |          |            | -        |         |                     |         | # OF OPEN SIT          | DES ON            | STRL         | CTURE          |                  |
|  |  |              |          |        |                      |          |            |          |         |                     |         |                        |                   |              |                |                  |
| CONSTRUCTION TYPE Frame & concrete blo         | DISTANCE TO<br>HYDRANT FIRE<br>FT  | STAT         | FII      | RE DIS | STRICT               |          | CODE NU    | IMBER    | PROT    | CL #ST              | ORIES   | #BASM'TS               | YR BUIL<br>1978   |              | TOTAL<br>16,00 |                  |
| BUILDING IMPROVEMENTS                          | E  | GRADE        | TAX      | CODE   |                      |          |            |          | COCCU   | PANCIES             |         |                        |                   |              |                |                  |
|  | PLUMBING, YR:  |              | ļ.,,     | _,     | SLT TILI             | E        |            | none     |         |                     |         |                        |                   |              |                |                  |
| X ROOFING, YR: 1993 X                          | HEATING, YR: 2014  | VIND CLASS   | -        | s      | EMI- RESISTIV        | Æ        |            | H        | TOVE (  | SOURCE<br>OR FIREPL | ACE IN  | WOODBURNING<br>ISERT   | i DA              | ATE<br>ISTAL | LED:           |                  |
| OTHER:   | YR:  | RESISTI      | VE       |        |                      |          |            | 1        | FACTU   | RER:                |         |                        |                   |              |                |                  |
| PRIMARY HEAT                                   |  |              |          |        | SI                   | 7        | ONDARY H   | EAT      | ٦       |                     |         | 1                      |                   |              |                |                  |
| BOILER SOLID FU                                |  |              |          |        |                      | -        | BOILER     |          | _       | D FUEL              | L       |                        |                   |              |                |                  |
| IF BOILER, IS INSURANCE PLA                    |  | Y/N          | ANCE     |        |                      | _        | IF BOILER, |          |         |                     | ELSEV   | REAR EXPOS             | Y/N               | DIET         | NCE            |                  |
| RIGHT EXPOSURE & DISTANCE vineyard             | Vineyard   | ORE & DIST   | ANCE     |        | FI                   | ROI      | NT EXPOSI  | JRE & DI | STANC   | E                   |         | vineyard               | OKE & L           | JIOIA        | INCE           |                  |
| BURGLAR ALARM TYPE                             | intoyara   | CERT         | IFICATE  | - 44   |                      |          |            |          |         |                     | EV      | PIRATION DATE          | EX                | CEN          | TRAL           | LOCA             |
| central  |  | CERT         | IFICATE  | . **   |                      |          |            |          |         |                     | -       | I INATION DATE         |                   |              |                | GONG             |
| BURGLAR ALARM INSTALLED AND                    | SERVICED BY  |              |          |        | E                    | XTE      | ENT        |          | GF      | RADE                | #0      | BUARDS/WATO            |                   | VVIII        | CLOC           | K HOURLY         |
| PREMISES FIRE PROTECTION (Spri                 | nklers, Standpipes, CO2 / Cl   | nemical Syst | ems)     |        | % SPRNK              | <        | FIRE ALAF  | MANL     | IFACTU  | JRER                |         |                        |                   |              | 1              | RAL STATION      |
| ADDITIONAL INTEREST                            | X ACORD 45 atta  | ahad fa-     | nd #14   | 000    |                      |          |            |          |         |                     | _       |                        |                   |              | LOCA           | LOUNG            |
| INTEREST                                       | NAME AND ADDRESS RA  |              | EVIDE    |        |                      | FIC      | ATE        |          |         |                     |         | jai7                   | TEREST I          | IN IT        | M M 184        | RED              |
| LOSS PAYEE                                     | MGG California LLC   |              |          | _      |                      |          |            | and/or   | assio   | ıns                 |         | LOCATION:              |                   |              | BUILDIN        |                  |
| MORTGAGEE                                      | One Penn Plaza, Sui<br>New York, NY 10119  | te 5320      |          |        |                      |          |            |          |         |                     |         | ITEM<br>CLASS:         |                   |              | TEM:           | •.               |
| X Add 30 Day NOC                               | New Tork, N1 10115   |              |          |        |                      |          |            |          |         |                     |         | ITEM DESCR             | IPTION            |              |                |                  |
|  | REFERENCE / LOAN #   |              |          |        |                      |          |            |          |         |                     |         | 2805 Spri<br>Helena, C | ng Mo<br>:A 945   | oun<br>574   | tain l         | Road, St.        |
| REMARKS (ACORD 101,                            |  | Oakade       | la       | 17 h - | n#fant               | 14 -     | mara -     | ann in   | p./c.m  | irodi               |         |                        |                   |              |                |                  |
|  |  | Schedu       | ie, ilie | ty be  | auaciieu             | <u> </u> | IIIOI e sp | ace 15   | requ    | ileu)               |         |                        |                   |              |                |                  |
| SEE ATTACHED ACORE                             | 7 101  |              |          |        |                      |          |            |          |         |                     |         |                        |                   |              |                |                  |
|  |  |              |          |        |                      |          |            |          |         |                     |         |                        |                   |              |                |                  |
|  |  |              |          |        |                      |          |            |          |         |                     |         |                        |                   |              |                |                  |
|  |  |              |          |        |                      |          |            |          |         |                     |         |                        |                   |              |                |                  |
|  |  |              |          |        |                      |          |            |          |         |                     |         |                        |                   |              |                |                  |
|  |  |              |          |        |                      |          |            |          |         |                     |         |                        |                   |              |                |                  |
|  |  |              |          |        |                      |          |            |          |         |                     |         |                        |                   |              |                |                  |
|  |  |              |          |        |                      |          |            |          |         |                     |         |                        |                   |              |                |                  |
|  |  |              |          |        |                      |          |            |          |         |                     |         |                        |                   |              |                |                  |

SIGNATURE AGENCY CUSTOMER ID: SPRIMOU-03 JRYAUDES

#### Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

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#### Applicable in KY, NY, OH and PA

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Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

#### Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

#### Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| PRODUCER'S SIGNATURE Q CSLA | PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC |      | STATE PRODUCER LICENSE NO (Required in Florida) |
|-----------------------------|--|------|---|
| APPLICANT'S SIGNATURE       |  | DATE | NATIONAL PRODUCER NUMBER                        |

|  |  |                  |                | AGEN           | CY C    | USTOME                                  | R ID:      |                        | SPRII                       | MOU-03               | 3  |   | JRYAUD                            |
|--|--|------------------|----------------|----------------|---------|---|------------|------------------------|-----------------------------|----------------------|--|---|-----------------------------------|
| ACORE  |  | PI               | RO             | PERTY          | SE      | CTIC                                    | N          |                        |                             |                      |  |   | DATE (MM/DD/YYYY)<br>05/15/2020   |
| AGENCY NAME  |  |                  |                | se#0726293     | CAF     | RRIER                                   |            |                        |                             |                      |  |   | NAIC CODE                         |
| Arthur J. Gallagher & Co   | , Insurance Brokers  | of CA.,          | Inc.           |                | Chu     | ıbb Limi                                | ted        |                        |                             |                      |  |   |                                   |
| POLICY NUMBER  |  |                  |                | 6/01/2020      |         | INSURED INSURED                         |            | Vineya                 | ard, Inc                    |                      |  |   |                                   |
| BLANKET SUMMARY  |  |                  |                |                |         |   |            |                        |                             |                      |  |   |                                   |
| BLKT# AMOUNT   |  | YPE              |                |                | BLKT    | T#                                      | AMOUN      | -                      |                             |                      | 1  | TYPE  | STANDARD BAN'                     |
| 30,438,778   | 1100   |                  |                |                | 3       |   | 2,88       | 7,279                  | SOI: B                      | USER                 |  |   |                                   |
| 6,174,543  |  |                  |                |                |         |   |            |                        |                             |                      |  |   |                                   |
|  | PREMISES #: 1  |                  |                | ss: 2805 Spr   |         | /lountain                               | Road       | , St. He               | lena, C                     | A 94574              |  | _   | sign promotogram, majoran sustant |
| PREMISES INFORMATION   |  |                  |                | TION: Victoria |         | INELATION                               |            |                        | DED B                       | LKT                  |  |   |                                   |
| SUBJECT OF INSURANCE   | AMOUNT   |                  | VALU-<br>ATION |                |         | INFLATION<br>GUARD 4                    | DE         | ED                     | TYPE                        | #                    |  |   | DITIONS TO APPLY                  |
| ersonal Property   | 485,607  |                  | R              | Special (Incli | uding   |   | 10         | 0,000                  |                             | Pers                 | sonal l                                      | Proper  | ket-Victorian<br>ty               |
| luilding   | 7,235,616  |                  | R              | Special (Incli | uding   |   | 10         | 000,0                  |                             | incl                 | uded i                                       | n Blan  | ket - Victorian                   |
| Business Income with<br>Extra Expense and Renta                      | al 144,364   |                  |                | Special (Incli | uding   |   |            | 0                      |                             |                      |  |   |                                   |
|  |  |                  |                |                |         | managan ambahada adiri mad isti di 1979 |            |                        |                             |                      | and the same of the State of Alberta and and | una surius destinata dell'estato dell'estato dell'estato dell'estato dell'estato dell'estato dell'estato dell'e |                                   |
| ADDITIONAL INFORMATION   | BUSINESS INCOME / EXTE   | RA EXPENS        | E - Atta       | ach ACORD 810  |         |   | VALUE F    | REPORTIN               | G INFORM                    | IATION - AI          | tach ACO                                     | RD 811  |                                   |
| ADDITIONAL COVERAGES   | OPTIONS, RESTRICT  | TONS, E          | NDO            | RSEMENTS       | AND F   | RATING I                                | NFOR       | MATIO                  | ¥                           |                      |  |   |                                   |
| SPOILAGE DESCRIPTION OF PA   |  |                  |                |                |         | LIMIT                                   |            |                        | REFRIG MA                   | AINT OP              | TIONS  |   |                                   |
| COVERAGE<br>(Y / N)  |  |                  |                |                |         | \$                                      |            |                        | AGREEME<br>(Y/N)            |                      | BREAK  | DOWN OR   | CONTAMINATION                     |
| 7  |  |                  |                |                |         | DEDUCTIE                                | BLE        |                        |                             |                      | POWER  | OUTAGE  | SELLING<br>PRICE                  |
|  | - Who-falor  |                  |                | LOOPPY         | 001/50  | \$                                      | ne         | JECT COV               | (ED & C)E                   | r there.             |  |   |                                   |
| SINKHOLE COVERAGE (Required in                                       | the same as an expensive self-annexes an expensive and off-annexes according to the same and the |                  |                | ACCEPT         |         |   |            |                        | decision of the contract of | LIMIT:               |  |   | ***                               |
| PROPERTY HAS BEEN DESIGN   |  | MADIA            |                | ACCEPT         | COVER   | AGE                                     | 1 NE       | JECT COV               | ENAGE                       | LIMIT:               |  | EC ON CT  | RUCTURE:                          |
| PROPERTY HAS BEEN DESIGN   | ANTED AN HISTORICAL LAND   | MINISTRA         |                |                |         |   |            |                        |                             | #01                  | , EN OID                                     | 20 011 01   |                                   |
| CONSTRUCTION TYPE  | DISTANCE TO<br>HYDRANT FIRES   | TAT              | FIF            | RE DISTRICT    |         | CODE NU                                 | MBER       | PROT CL                | #STOR                       | IES #BAS             | SM'TS 1                                      | YR BUILT  | TOTAL AREA                        |
| rame   | 75 FT  | Mi               |                |                |         |   |            | 5                      | 2                           |                      |  | 1885  | 8,000                             |
| BUILDING IMPROVEMENTS  WRING, YR:                                    | LUMBING, YR:   | DG CODE<br>BRADE | TAX            | CODE ROOF      |         |   |            | OCCUPA<br>er's offic   |                             |                      |  |   |                                   |
| ROOFING, YR: 1998  | HEATING, YR: WIN   | ND CLASS         | 3              | SEMI- RESIS    | STIVE   |   | S          | EATING SO<br>TOVE OR I | FIREPLACE                   | CL WOODE<br>E INSERT | URNING                                       | DAT   | E<br>'ALLED:                      |
| OTHER:   | YR:  | RESISTIV         | =              |                | SECO    | ONDARY HE                               |            | , WI ORE               | 1,                          |                      |  |   |                                   |
| BOILER SOLID FL  |  |                  |                |                |         | BOILER                                  | 7          | SOLID F                | 1401                        |                      |  |   |                                   |
| _  |  | / N              |                |                |         | IF BOILER, I                            | E INICI II | _1                     | 9444                        | CIAN EDES            |  | /N  |                                   |
| IF BOILER, IS INSURANCE PLA<br>RIGHT EXPOSURE & DISTANCE<br>INDUSTRA | LEFT EXPOSU  |                  | NCE            |                |         | NT EXPOSU                               |            |                        | ACED ELS                    | _                    | R EXPOSE                                     | JRE & DIS   | STANCE                            |
| ineyard<br>BURGLAR ALARM TYPE  | vineyard   | CERTIF           | FICATE         | :#             |         |   |            |                        |                             | EXPIRATION           |  | - S   | ENTRAL LOCA                       |
| E <b>entrai</b><br>Burglar Alarm Installed and                       | SERVICED BY  | appender )       |                |                | EXTE    | ENT                                     |            | GRAD                   | DE                          | #GUARDS              | /WATC  |   | CLOCK HOURLY                      |
| PREMISES FIRE PROTECTION (Spri                                       | nklers, Standpipes, CO2 / Che  | mical Syste      | ms)            | % SPI          | RNK :   | FIRE ALAR!                              | M MANU     | FACTURE                | R                           |                      |  |   | CENTRAL STATIC                    |
| moke detectors   |  |                  |                | tions Lidge    | 0       |   |            |                        |                             |                      |  |   | LOCAL GONG                        |
| ADDITIONAL INTEREST  | ACORD 45 attack  | ned for a        | dditi          | onal names     |         |   |            |                        |                             |                      |  |   |                                   |
| NTEREST  | NAME AND ADDRESS RAN   | 7                | EVIDE          |                | RTIFICA | ATE                                     |            |                        |                             |                      | INTE   | REST IN   | ITEM NUMBER                       |
| LOSS PAYEE   |  |                  |                |                |         |   |            |                        |                             | Local                | ATION:                                       |   | BUILDING:                         |
| MORTGAGEE  |  |                  |                |                |         |   |            |                        |                             | ITEM                 |  | PWT to be specially to  | ITEM:                             |
|  |  |                  |                |                |         |   |            |                        |                             |                      | DESCRIF                                      | тюн   |                                   |
|  | REFERENCE / LOAN #   |                  |                |                |         |   |            |                        |                             |                      |  |   |                                   |

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|  |                             |                  |                |   | AGENCY O              | USTOME               | R ID:     |          | SPRIM     | O-UOI     | 3         |         |             | JRYAUDE                 |
|--|-----------------------------|------------------|----------------|---|-----------------------|----------------------|-----------|----------|-----------|-----------|-----------|---------|-------------|-------------------------|
| ADDITIONAL   | PREMISES #: 1               | STREET           | ADDRE          | ss: <b>2</b>                              | 805 Spring            | Mountair             | Road,     | St He    | lena, CA  | 9457      | 4         |         |             |                         |
| PREMISES INFORMATION                               | BUILDING # 3                | BLDG D           |                |   | Cottage               |                      | _         |          |           |           |           |         |             |                         |
| SUBJECT OF INSURANCE                               | AMOUNT                      | COINS %          | VALU-<br>ATION | CA  | USES OF LOSS          | INFLATION<br>GUARD % | DE        | D        | DED BL    | KT<br>#   | FORMS     | AND CO  | ONDI        | TIONS TO APPLY          |
| Building   | 670,125                     |                  | R              | Spe                                       | cial (Including       |                      |           |          |           |           | luded     | in Bla  | ink         | et - Cottage            |
|  | 070,120                     |                  |                |   | ,                     |                      | 10        | ,000     |           |           |           |         |             |                         |
| Business Income with<br>Extra Expense and Renta    | 144,364                     |                  |                | Spe                                       | cial (Including<br>t) |                      |           |          |           |           |           |         |             |                         |
|  |                             |                  |                |   |                       |                      |           |          |           |           |           |         |             |                         |
| ADDITIONAL INFORMATION                             | BUSINESS INCOME / EXT       | RA EXPEN         | SE - Atta      | ach A                                     | CORD 810              |                      | VALUER    | EPORTIN  | IG INFORM | ATION - A | ttach AC  | ORD 811 | 1           |                         |
| ADDITIONAL COVERAGES,                              | OPTIONS, RESTRIC            | TIONS. E         | NDO            | RSE                                       | MENTS AND             | RATING               | INFOR     | MATIO    | V         |           |           |         |             |                         |
| SPOILAGE DESCRIPTION OF PRO                        |                             | ,                |                |   |                       | LIMIT                |           |          | REFRIG MA | INT OF    | TIONS     |         |             |                         |
| COVERAGE   |                             |                  |                |   |                       | \$                   |           |          | AGREEME   |           |           | (DOWN   | OR C        | ONTAMINATION            |
| (Y / N)  |                             |                  |                |   |                       | DEDUCTI              | BLE       |          | (Y / N)   |           | -         | R OUTA  |             | SELLING                 |
|  |                             |                  |                |   |                       | \$                   |           |          |           |           |           |         |             |                         |
| SINKHOLE COVERAGE (Required in                     | Fiorida)                    |                  |                |   | ACCEPT COVE           | RAGE                 | RE.       | ECT CO   | /ERAGE    | LIMIT     | T: \$     |         |             |                         |
| MINE SUBSIDENCE COVERAGE (Rec                      | uired in IL, IN, KY and WV) |                  |                | ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$ |                       |                      |           |          |           |           |           |         |             |                         |
| PROPERTY HAS BEEN DESIGNA                          | ATED AN HISTORICAL LANI     | MARK             |                |   |                       |                      |           |          |           | #OF       | OPEN SI   | DES ON  | STRI        | JCTURE:                 |
| CONSTRUCTION TYPE                                  | DISTANCE TO<br>HYDRANT FIRE | Fil              | RE DIS         | STRICT                                    | CODE NU               | MBER                 | PROT C    | L #STOR  | ES #B/    | ASM'TS    | YR BUI    | LT      | TOTAL AREA  |                         |
| Frame  | 25 <sub>FT</sub>            | MI               |                |   |                       |                      |           | 5        | 1         |           | 0         | 1950    | 0           | 1,000                   |
| BUILDING IMPROVEMENTS                              | В                           | DG CODE<br>GRADE | TAX            | CODE                                      | ROOF TYPE             | 17                   | OTHER     | OCCUPA   | NCIES     |           |           |         |             |                         |
| V"   | LUMBING, YR:                |                  |                | -   | CONIFOS               | '                    |           | EATING S | OUDCE INC | 1 MOOF    | DIIDNIN   | 2 0     | ATE         |                         |
| X ROOFING, YR: 1993 HE                             | EATING, YR:                 | ND CLASS         |                | s   | EMI- RESISTIVE        |                      | ST        | OVE OR   | OURCE INC | INSERT    | BURINING  | J IN    | ATE<br>ISTA | LLED:                   |
| OTHER:   | YR:                         | RESIST           | VE             |   | 7                     |                      | MANUF     | ACTURE   | R:        |           |           |         |             |                         |
| PRIMARY HEAT                                       |                             |                  |                |   | SEC                   | ONDARYH              | EAT       | 1        | _         | _         |           |         |             |                         |
| BOILER SOLID FUE                                   |                             |                  |                |   | 1 2                   | BOILER               |           | SOLIDI   | FUEL      |           | 1         |         |             |                         |
| IF BOILER, IS INSURANCE PLACE                      | CED ELSEWHERE?              | /N               |                |   |                       | IF BOILER            | IS INSUF  | RANCEPI  | ACED ELS  | WHERE     | ?         | Y/N     |             |                         |
| RIGHT EXPOSURE & DISTANCE                          | LEFT EXPOS                  | JRE & DIST       | ANCE           |   | FRO                   | NT EXPOS             | JRE & DIS | TANCE    |           | RE        | AR EXPO   | SURE &  | DIST        | ANCE                    |
|  |                             |                  |                |   |                       |                      |           |          |           |           |           |         |             |                         |
| BURGLAR ALARM TYPE                                 |                             | CERT             | IFICATE        | E#  |                       |                      |           |          |           | EXPIRA    | TION DAT  | E       | STA         | ITRAL LOCA<br>TION GONG |
| BURGLAR ALARM INSTALLED AND                        | SERVICED BY                 | 1                |                |   | EX                    | ENT                  |           | GRA      | DE        | #GUAR     | DS/WAT    | CHMEN   | VVII        | CLOCK HOURLY            |
|  |                             |                  |                |   |                       |                      |           |          |           |           |           |         |             |                         |
| PREMISES FIRE PROTECTION (Sprin<br>smoke detectors | klers, Standpipes, CO2 / Ch | emical Sys       | ems)           |   | % SPRNK               | FIRE ALAI            | RM MANU   | FACTURE  | ER        |           |           |         |             | CENTRAL STATIO          |
| ADDITIONAL INTEREST                                | ACORD 45 attac              | had for          | addit          | iona                                      |                       |                      |           |          |           |           | -         |         | -           | LOCAL GONG              |
|  | NAME AND ADDRESS RA         |                  | 7              | ENCE:                                     |                       | CATE                 |           |          |           | 1         | IM:       | TEREST  | IN IT       | EM NUMBER               |
| LOSS PAYEE   |                             |                  |                |   | 1 1 2 2 2 2           | 7110                 |           |          |           | 1         |           | IERESI  |             | EM NUMBER               |
| MORTGAGEE  |                             |                  |                |   |                       |                      |           |          |           |           | M<br>ASS: |         |             | BUILDING:               |
| MORIGAGEE  |                             |                  |                |   |                       |                      |           |          |           |           |           | UDTION  |             | ITEM:                   |
|  |                             |                  |                |   |                       |                      |           |          |           | ITE       | M DESCR   | UPTION  |             |                         |
|  |                             |                  |                |   |                       |                      |           |          |           |           |           |         |             |                         |
| 1  | REFERENCE / LOAN #:         |                  | -              |   |                       |                      | _         |          |           | - 11      |           |         |             |                         |
| REMARKS (ACORD 101, J                              | Additional Remarks          | Schedu           | ile, ma        | ay b                                      | e attached i          | more s               | oace is   | requir   | ed)       |           |           |         |             |                         |
| ACORD 140 (2014/12)                                |                             |                  |                |   | Page 2 o              | f 3                  |           |          |           |           |           |         | _           |                         |

SIGNATURE

AGENCY CUSTOMER ID:

SPRIMOU-03

**JRYAUDES** 

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Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

#### Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$5,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| PRODUCER'S SIGNATURE  | Q CSX | PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC |      | STATE PRODUCER LICENSE NO<br>(Required in Florida) |
|-----------------------|-------|--|------|--|
| APPLICANT'S SIGNATURE |       |  | DATE | NATIONAL PRODUCER NUMBER                           |
|                       |       |  |      |  |

| ACC                                 | RD                   | -                          | _  |           |                                |                  | USTOME     |           |                   |           |                                |            | DATE (MM/DD/YYYY)                       |  |  |
|-------------------------------------|----------------------|----------------------------|--|-----------|--------------------------------|------------------|------------|-----------|-------------------|-----------|--------------------------------|------------|---|--|--|
|                                     |                      | -                          |  |           | PERT                           |                  |            | N         |                   |           |                                | 1          | 05/15/2020                              |  |  |
| AGENCY NAME                         |                      | In a sure Durale           |  |           | se # 072629                    |                  |            |           |                   |           |                                |            | NAIC CODE                               |  |  |
|                                     | igner & Co.          | Insurance Broke            | ers of CA.   |           |                                |                  | ıbb Limi   |           |                   |           |                                |            |   |  |  |
| OLICYNUMBER                         |                      |                            |  | 1         | 6/01/2020                      | 400 410          | ing Mou    |           | ineya             | rd, Inc.  | -                              |            |   |  |  |
| LANKET SUN                          |                      |                            |  |           |                                |                  |            |           | -                 |           |                                |            |   |  |  |
|                                     | OUNT                 | OI: B                      | TYPE   |           |                                | BLK<br>3         | T#         | 2 887     | 279               | SOI: BI   | ISER                           | TYPE       |   |  |  |
|                                     | ,174,543 S           |                            |  |           |                                |                  |            |           | 2,887,279 SOI: BU |           | JOLIN                          |            |   |  |  |
|                                     |                      | PREMISES#.1                | STREET   | ADDRE     | ss: 2805 S                     | pring I          | Mountain   | Road,     | St Hel            | lena, CA  | 94574                          |            |   |  |  |
| PREMISES INF                        | ORMATION             | BUILDING # 4               | BLDG D   |           | ION: Shop                      |                  |            |           |                   |           |                                |            |   |  |  |
| SUBJECT OF                          | INSURANCE            | AMOUNT                     | COINS %  | MILITAR   | CAUSES OF                      | AND MINISTER     | GUARD %    | DEC       | ,                 | DED BL    | 17                             |            | NDITIONS TO APPLY                       |  |  |
| uilding                             |                      | 655,1                      | 72   | R         | Special (Incitient)            | cluding          |            | 10,0      | 000               |           | included                       | i in Blai  | nket - Shop                             |  |  |
| usiness Inco<br>xtra Expense        | me with<br>and Renta | 144,3                      | 64   |           | Special (Inc                   | luding           |            |           | 0                 |           |                                |            |   |  |  |
|                                     |                      |                            | and the state of t |           |                                |                  |            |           |                   |           |                                |            |   |  |  |
| ADDITIONAL INFORM                   | MATION               | BUSINESS INCOME / I        | XTRA EXPEN   | SE - Atta | ich ACORD 81                   | 0                |            | VALUE RE  | PORTING           | G INFORM  | ATION - Attach A               | CORD 811   |   |  |  |
|                                     |                      | OPTIONS, RESTR             | ICTIONS, E   | ENDOF     | RSEMENTS                       | AND              | 7          | NFORM     | IATION            | 1         |                                |            |   |  |  |
| COVERAGE                            | CRIPTION OF PR       | OPERTY COVERED             |  |           |                                |                  | LIMIT      |           |                   | REFRIG MA | MT                             |            |   |  |  |
| (Y / N)                             |                      |                            |  |           |                                | DEDUCTIBLE (Y/N) |            |           | BREA              | ER OUTAG  | R CONTAMINATION  SELLING PRICE |            |   |  |  |
|                                     |                      | er. Jan.                   |  |           |                                |                  | \$         | 1         |                   |           |                                |            |   |  |  |
| SINKHOLE COVERA                     |                      | quired in IL, IN, KY and V | Λ)   |           | (N)Newpools Appendix Sylphonic | T COVE           |            |           | CT COV            |           | LIMIT: \$                      |            | the court transmission be properties on |  |  |
| PROPERTY HA                         | S BEEN DESIGN        | IATED AN HISTORICAL L      | ANDMARK  |           |                                |                  |            |           |                   |           | # OF OPEN S                    | SIDES ON S | TRUCTURE:                               |  |  |
| CONSTRUCTION TY                     | PE                   | DISTANCE                   |  | FIF       | RE DISTRICT                    |                  | CODE NU    | MBER      | PROT CL           | #STOR     | IES #BASM'TS                   | YR BUIL    | T TOTAL AREA                            |  |  |
| netal                               |                      | HYDRANT FII                | MI   |           |                                |                  | 1          |           | 5                 | 1         | 0                              | 1993       | 2,000                                   |  |  |
| BUILDING IMPROVE                    | MENTS                |                            | BLDG CODE<br>GRADE   | TAX       |                                | F TYPE           |            |           | OCCUPAI           | NCIES     |                                |            |   |  |  |
| WRING, YR:                          | P                    | LUMBING, YR:               |  |           | MET                            | TAL              |            | shop      | ATIMIC OF         | NIDOC IN  | CL WOODBURNIN                  | NG DA      | V.                                      |  |  |
| ROOFING, YR:<br>OTHER:              | Н                    | EATING, YR:                | WIND CLASS   | -         | SEMI- RE                       | SISTIVE          |            | STO       |                   | FIREPLACE |                                |            | STALLED:                                |  |  |
| RIMARY HEAT                         |                      | YR:                        | RESISTI  | ive       |                                | SEC              | ONDARY HE  |           | W TORKER          |           |                                |            |   |  |  |
| BOILER                              | SOLID FU             | EL                         |  |           |                                |                  | BOILER     | Trans.    | SOLID F           | UEL       |                                |            |   |  |  |
| IF BOILER IS I                      | NSURANCE PLA         | CED ELSEWHERE?             | Y/N  |           |                                |                  | IF BOILER, | IS INSUR  | ANCE PL           | ACED ELS  | EWHERE?                        | Y/N        |   |  |  |
| RIGHT EXPOSURE 8<br>I <b>neyard</b> | & DISTANCE           | Vineyard                   | DSURE & DIST   | ANCE      |                                | FRO              | ONT EXPOSU | RE & DIST | ANCE              |           | REAR EXPO                      | OSURE & D  | ISTANCE                                 |  |  |
| BURGLAR ALARM T                     | TYPE                 |                            | CERT   | IFICATE   | #                              |                  |            |           |                   | -         | EXPIRATION DA                  | -          | CENTRAL LOC<br>STATION GO<br>WITH KEYS  |  |  |
| BURGLAR ALARM II                    | NSTALLED AND         | SERVICED BY                |  |           |                                | EXT              | ENT        |           | GRAD              | DE        | #GUARDS / WA                   | TCHMEN     | CLOCK HOURLY                            |  |  |
| PREMISES FIRE PRO                   | OTECTION (Sprin      | nklers, Standpipes, CO2 /  | Chemical Syst  | tems)     | % 5                            | SPRNK<br>0       | FIRE ALAR  | M MANUF   | ACTURE            | R         | -ar abab makidanan ma man      |            | CENTRAL STATI                           |  |  |
| ADDITIONAL I                        | NTEREST              | ACORD 45 at                | ached for  | additi    | onal name                      |                  |            |           |                   |           |                                |            | 1 LOUAL BONG                            |  |  |
| NTEREST                             |                      | NAME AND ADDRESS           |  | EVIDE     |                                | CERTIFIC         | CATE       |           |                   |           | 11                             | NTEREST II | N ITEM NUMBER                           |  |  |
| LOSS PAYEE                          |                      |                            |  | -         |                                |                  |            |           |                   |           | LOCATION                       |            | BUILDING:                               |  |  |
| MORTGAGEE                           |                      |                            |  |           |                                |                  |            |           |                   |           | ITEM CLASS:                    | RIPTION    | ITEM:                                   |  |  |
|                                     |                      |                            |  |           |                                |                  |            |           |                   |           |                                |            |   |  |  |

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|   |                                 |                    |                | AGENCY (                     | CUSTOME              | R ID:           | SP         | RIMO             | 0-03                |              | Ji       | RYAUDE              |
|---|---------------------------------|--------------------|----------------|------------------------------|----------------------|-----------------|------------|------------------|---------------------|--------------|----------|---------------------|
| ADDITIONAL  | PREMISES #: 1                   | STREE              | ADDRE          | ss: 2805 Spring              | Mountain             | Road, St        | Helena,    | CA 9             | 4574                |              |          |                     |
| PREMISES INFORMATION                              | BUILDING # 5                    | BLDG (             | ESCRIP"        | TION: Barn                   |                      |                 |            |                  | ,                   |              |          |                     |
| SUBJECT OF INSURANCE                              | AMOUNT                          | COINS 9            | VALU-<br>ATION | CAUSES OF LOSS               | INFLATION<br>GUARD % | DED             | DED        | BLKT<br>#        | FORMS AND           |              |          |                     |
| Building  | 907,                            | 902                | R              | Special (Including theft)    | I                    | 10,00           | D          |                  | Included in B       | ank          | et - Ba  | rn                  |
|   | 007,                            | 002                |                |                              |                      | 10,100          |            |                  |                     |              |          |                     |
| Business Income with<br>Extra Expense and Renta   | al 144,                         | 364                |                | Special (Including<br>theft) | 3                    |                 | 0          |                  |                     |              |          |                     |
|   |                                 |                    |                |                              |                      |                 |            |                  |                     |              |          |                     |
| ADDITIONAL INFORMATION                            | BUSINESS INCOME /               | EXTRA EXPEN        | ISE - Atta     | ch ACORD 810                 |                      | VALUE REPO      | RTING INFO | RMATIC           | ON - Attach ACORD 8 | 11           |          |                     |
| ADDITIONAL COVERAGES                              | , OPTIONS, RESTI                | RICTIONS,          | ENDO           | RSEMENTS AND                 | RATING I             | NFORMA          | TION       |                  |                     |              |          |                     |
| SPOILAGE DESCRIPTION OF PE                        |                                 |                    |                |                              | LIMIT                |                 | REFRIC     | MAINT            | OPTIONS             |              |          |                     |
| COVERAGE<br>(Y / N)                               |                                 |                    |                |                              | \$                   |                 |            | EMENT<br>/ N)    | BREAKDOW            | OR C         |          |                     |
|   |                                 |                    |                |                              | DEDUCTIB<br>\$       | ILE             |            |                  | POWER OUT           | AGE          |          | ELLING<br>RICE      |
| SINKHOLE COVERAGE (Required in                    | r Florida)                      |                    |                | ACCEPT COVE                  | RAGE                 | REJECT          | COVERAG    | E                | LIMIT: \$           |              |          |                     |
| MINE SUBSIDENCE COVERAGE (Re                      |                                 | WV)                |                | ACCEPT COVE                  | RAGE                 | REJECT          | COVERAG    | E                | LIMIT: \$           |              |          |                     |
| PROPERTY HAS BEEN DESIGN                          | NATED AN HISTORICAL I           | LANDMARK           |                |                              |                      |                 |            |                  | # OF OPEN SIDES OF  | I STR        | JCTURE:  |                     |
| CONSTRUCTION TYPE                                 | DISTANCE<br>HYDRANT F<br>100 FT | TO<br>IRE STAT     | FIF            | RE DISTRICT                  | CODE NU              |                 | TCL #ST    | ORIES            | #BASM'TS YR BU      |              | 3,500    | AREA                |
| BUILDING IMPROVEMENTS                             |                                 | BLDG CODE<br>GRADE | TAX            | CODE ROOF TYPE               | 1                    | OTHER OCC       | UPANCIES   |                  |                     |              |          |                     |
| X ROOFING, YR: 1993                               | PLUMBING, YR:<br>HEATING, YR:   | WIND CLASS         |                | Other SEMI- RESISTIVE        |                      | HEATIN<br>STOVE | OR FIREPL  | INCL V<br>ACE IN | WOODBURNING<br>SERT | DATE<br>NSTA | LLED:    |                     |
| OTHER:  | YR:                             | RESIST             | IVE            | SEC                          | CONDARY HE           |                 | JKEK.      |                  |                     |              |          |                     |
| BOILER SOLID FL                                   |                                 | 7                  |                | 351                          | BOILER               | so              | LID FUEL   |                  |                     |              |          |                     |
| IF BOILER, IS INSURANCE PLA                       |                                 | Y/N                |                |                              |                      | SINSURANC       |            | ELSEW            |                     | DICT         | ANCE     |                     |
| RIGHT EXPOSURE & DISTANCE                         | vineyar                         | OSURE & DIS        | ANCE           | FR                           | ONT EXPOSU           | RE & DISTAN     | CE         |                  | REAR EXPOSURE &     |              |          | 1,004               |
| BURGLAR ALARM TYPE                                |                                 | CER                | TIFICATE       | #                            |                      |                 |            | EX               | PIRATION DATE X     | STA          | TRAL     | LOCA                |
| central   |                                 |                    |                |                              |                      |                 |            | +                |                     |              | H KEYS   |                     |
| BURGLAR ALARM INSTALLED AND                       |                                 |                    |                |                              | TENT                 |                 | BRADE      | #G               | UARDS / WATCHMEN    |              | CLOCK    | HOURLY              |
| PREMISES FIRE PROTECTION (Spri<br>smoke detectors | nklers, Standpipes, CO2         | / Chemical Sys     | tems)          | % SPRNK                      | FIRE ALARI           | M MANUFACT      | URER       |                  |                     |              | -        | RAL STATION<br>GONG |
| ADDITIONAL INTEREST                               | ACORD 45 at                     |                    |                |                              | -                    |                 |            |                  | 1                   | _            |          |                     |
|   | NAME AND ADDRESS                | RANK:              | EVIDE          | NCE: CERTIFI                 | CATE                 |                 |            |                  | INTERES             |              |          |                     |
| INTEREST  | LOSS PAYEE                      |                    |                |                              |                      |                 |            |                  | LOCATION:           |              | BUILDING | 3:                  |
| LOSS PAYEE  |                                 |                    |                |                              |                      |                 |            |                  | ITEM CLASS:         |              | ITEM:    |                     |
| INTEREST  |                                 |                    |                |                              |                      |                 |            |                  | ITEM DESCRIPTION    | 1            |          |                     |
| LOSS PAYEE  |                                 |                    |                |                              |                      |                 |            |                  |                     |              |          |                     |
|   |                                 |                    |                |                              |                      |                 |            |                  |                     |              |          |                     |

SIGNATURE

AGENCY CUSTOMER ID:

SPRIMOU-03

**JRYAUDES** 

#### Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

#### Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

#### Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

#### Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

#### Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

#### Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

#### Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

#### Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand collars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| PRODUCER'S SIGNATURE Q CSA | PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC |      |                          |  |  |  |
|----------------------------|--|------|--------------------------|--|--|--|
| APPLICANT'S SIGNATURE      |  | DATE | NATIONAL PRODUCER NUMBER |  |  |  |
|                            |  |      |                          |  |  |  |

| ACORD  |   |   |                       |  |                                    |  | R ID:   |  |   |   |   |   |  |
|--|---|---|-----------------------|--|------------------------------------|--|---|--|---|---|---|---|--|
|  |   |   |                       | PERTY  |                                    |  | N   |  |   |   |   | 450 at 10   | 5/2020   |
| AGENCY NAME<br>Arthur J. Gallagher & Co. II  | nsurance Broker   |   |                       | se # 072629                                      |                                    | RIER<br>bb Limit   | orl   |  |   |   |   | h   | AIC CODE   |
| POLICY NUMBER  |   | 01 071  | B                     | FECTIVE DATE                                     | NAME                               | D INSURED  | (S)   |  |   |   |   |   |  |
| OLABIVET OLIMAN DV   |   | -   | 0                     | 6/01/2020  | Spri                               | ng Mour  | ntain Vin   | eyard, ir  | IC.   |   |   |   |  |
| BLANKET SUMMARY BLKT # AMOUNT  |   | TYPE  |                       |  | BLKT                               | # /  | AMOUNT  |  |   |   | TYPE                                      |   |  |
| 30,438,778 SO  |   |   |                       |  | 3                                  |  | 2,887,27  | 79 SOI:  | BUS   | ER  |   |   |  |
| 6,174,543 SO   | 1   | 3   |                       |  |                                    |  |   |  |   |   | M.  |   |  |
| PREMISES INFORMATION   | PREMISES # 1 BUILDING # 6   |   |                       | SS: 2805 Sp<br>TION: Greenh                      |                                    |  | Road, St  | Helena,  | CA 9  | 4574  |   |   |  |
| SUBJECT OF INSURANCE   | AMOUNT  | COINS %   |                       |  |                                    | INFLATION<br>GUARD   | DED   | DED  | BLKT  | FOR   | MS AND                                    | CONDITIONS  | TO APPLY   |
| Building   | 605,482   |   | R                     | Special (Inci                                    |                                    | GOARD #  | 10,000  |  | -   | Include<br>Greenh   |   | lanket -  |  |
|  | 000,402   |   |                       |  |                                    |  | 10,000  |  |   | Greenm  | ouse                                      |   |  |
| usiness Income with<br>extra Expense and Rental  | 144,364   |   |                       | Special (Incl<br>trieft)                         | uding                              |  | (   | )  |   |   |   |   |  |
|  |   |   |                       | COMMISSION IN PARTY.                             |                                    |  |   |  |   |   |   |   |  |
| DDITIONAL INFORMATION  | BUSINESS INCOME / EXT   | RA EXPENS   | SE - Atta             | ach ACORD 810                                    |                                    | V  | ALUE REPO   | RTING INFO   | RMATIC  | DN - Attach A   | ACORD 8                                   | 11  |  |
| DDITIONAL COVERAGES, O   | PTIONS, RESTRIC   | TIONS, E  | NDOI                  | RSEMENTS   | AND F                              | RATING IN  | VFORMA1   | NON  |   |   |   |   |  |
| SPOILAGE<br>COVERAGE<br>(Y / N)  | PERTY COVERED   |   |                       |  |                                    | LIMIT<br>\$<br>DEDUCTIBI   | LE  | REFRIG<br>AGREE<br>(Y /  | MENT  | BRE   |   |   | MINATION<br>SELLING<br>PRICE                       |
|  |   |   |                       |  |                                    | •  |   |  |   |   |   |   |  |
|  |   |   |                       |  |                                    | \$   |   | -  |   | t there is  |   | _   |  |
| INE SUBSIDENCE COVERAGE (Requi   | ired in IL, IN, KY and WV)  |   | e and a source design | ACCEPT   |                                    | AGE  | 1 TO 1 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO 1                                | COVERAGE   |   | LIMIT: \$   | einse o                                   | M CYPHICT(IP)   | **************************************             |
| PROPERTY HAS BEEN DESIGNATE PROPERTY HAS BEEN DESIGNATE CONSTRUCTION TYPE  | ired in IL, IN, KY and WV)  |   | FIF                   |  |                                    | AGE  | REJECT  | COVERAGE   | ORIES   | LIMIT: \$ # OF OPEN # BASM'TS   | YR BI                                     | 4   | L AREA   |
| PROPERTY HAS BEEN DESIGNATE PROPERTY HAS BEEN DESIGNATE PROPERTY HAS BEEN DESIGNATE PROPERTY HAS BEEN DESIGNATE PROPERTY HAS BEEN DESIGNATED PROPERTY HAS BEEN DE | Ired In IL, IN, KY and WV) ED AN HISTORICAL LANG  DISTANCE TO HYDRANT FIRE S  50 FT   | STAT<br>Mi  |                       | ACCEPT RE DISTRICT                               | COVERA                             | AGE AGE CODE NUM   | REJECT  | COVERAGE   |   | LIMIT: \$   |   | UILT TOTAL  | L AREA   |
| PROPERTY HAS BEEN DESIGNATE  ONSTRUCTION TYPE  netal w/ glass  BUILDING IMPROVEMENTS   | DISTANCE TO HYDRANT FIRE:   | STAT  |                       | ACCEPT  RE DISTRICT  CODE ROOF                   | COVER                              | AGE AGE CODE NUM   | REJECT  | COVERAGE   | ORIES   | LIMIT: \$ # OF OPEN # BASM'TS   | YR BI                                     | UILT TOTAL  | L AREA   |
| PROPERTY HAS BEEN DESIGNATE  CONSTRUCTION TYPE  metal w/ glass  BUILDING IMPROVEMENTS  WRING, YR:  PLUI  ROOFING, YR:  HEA   | DISTANCE TO HYDRANT FIRE S 50 FT BL.  MBING, YR:  WINDER MIL, IN, KY and WV)  DISTANCE TO HYDRANT FIRE S 50 FT BL.  WING, YR:  WING, YR:  WING, YR:   | STAT<br>Mi<br>.DG CODE                              | TAX                   | ACCEPT RE DISTRICT                               | TYPE                               | AGE<br>AGE<br>CODE NUM   | REJECT  REJECT  REJECT  REJECT  REJECT  REJECT  REJECT                | T CL #ST   | ORIES   | #BASMTS  OODBURNI   | YR BI<br>199                              | UILT TOTAL  | L AREA   |
| PROPERTY HAS BEEN DESIGNATE  CONSTRUCTION TYPE  netal w/ glass  BUILDING IMPROVEMENTS  WRING, YR:  ROOFING, YR:  OTHER:  | DISTANCE TO HYDRANT FIRE SOOF FIT   | MI DG CODE GRADE                                    | TAX                   | ACCEPT  RE DISTRICT  CODE ROOF  GLAS             | TYPE<br>SS<br>STIVE                | AGE<br>AGE<br>CODE NUM   | REJECT  IBER PRO  OTHER OCC  HEATIN STOVE  MANUFACTI                  | T CL #ST   | ORIES   | #BASMTS  OODBURNI   | YR BI<br>199                              | 98 1,30   | L AREA   |
| PROPERTY HAS BEEN DESIGNATE  CONSTRUCTION TYPE  THE TOTAL THE TOTA | DISTANCE TO HYDRANT FIRE S  MBING, YR:  VI.   | MI DG CODE GRADE                                    | TAX                   | ACCEPT  RE DISTRICT  CODE ROOF  GLAS             | TYPE SS STIVE                      | AGE  CODE NUM  NNDARY HEA  | REJECT  IBER PRO  HEATIN STOVE  MANUFACTUAL  SOI                      | T CL #ST  UPANCIES  US SOURCE OR FIREPLIPER:                             | ORIES  1  INCL WACE INS   | LIMIT: \$ # OF OPEN  # BASM'TS  0  OODBURNI                                     | YR BI                                     | 98 1,30   | L AREA   |
| CONSTRUCTION TYPE  THE TOTAL T | DISTANCE TO HYDRANT FIRE S 50 FT BL  MBING, YR: YR:  DISTANCE TO HYDRANT FIRE S 50 FT WW.  WW.  WW.  WW.  WW.  WW.  WW.  WW.  | STAT MI LDG CODE GRADE  ND CLASS  RESISTIN          | TAX                   | ACCEPT  RE DISTRICT  CODE ROOF  GLAS             | TYPE SS STIVE                      | AGE  CODE NUM  NNDARY HEA  BOILER  F BOILER, IS  | REJECT  IBER PRO  HEATIN STOVE  MANUFACTU  TI SOIS INSURANCE          | T CL #ST  UPANCIES  IG SOURCE OR FIREPL  JIERE:                          | ORIES  1  INCL WACE INS   | #BASM'TS  O  OODBURNI SERT  | YR BI 199                                 | DATE  | L AREA   |
| PROPERTY HAS BEEN DESIGNATE  CONSTRUCTION TYPE  THE TOTAL THE TOTA | DISTANCE TO HYDRANT FIRE S  MBING, YR:  VI.   | STAT MI LDG CODE GRADE  ND CLASS  RESISTIN          | TAX                   | ACCEPT  RE DISTRICT  CODE ROOF  GLAS             | TYPE SS STIVE                      | AGE  CODE NUM  NNDARY HEA  BOILER  F BOILER, IS  | REJECT  IBER PRO  HEATIN STOVE  MANUFACTUAL  SOI                      | T CL #ST  UPANCIES  IG SOURCE OR FIREPL  JIERE:                          | ORIES  1  INCL WACE INS   | #BASM'TS  O  OODBURNI SERT  | YR BI 199                                 | 98 1,30   | L AREA   |
| PROPERTY HAS BEEN DESIGNATE  CONSTRUCTION TYPE  THE  | DISTANCE TO HYDRANT FIRE S 50 FT BL  MBING, YR: YR:  DISTANCE TO HYDRANT FIRE S 50 FT WW.  WW.  WW.  WW.  WW.  WW.  WW.  WW.  | STAT MI DG CODE GRADE  ND CLASS  RESISTIV           | TAX                   | RE DISTRICT CODE ROOF GLAS SEMI- RESI            | TYPE SS STIVE                      | AGE  CODE NUM  NNDARY HEA  BOILER  F BOILER, IS  | REJECT  IBER PRO  HEATIN STOVE  MANUFACTU  TI SOIS INSURANCE          | T CL #ST  UPANCIES  IG SOURCE OR FIREPL  JIERE:                          | ORIES  1  INCL WILLIAM  INCL INS  | #BASM'TS  O  OODBURNI SERT  | YR BU 199                                 | DATE INSTALLED:   | L AREA  D  LOC  GON                                |
| PROPERTY HAS BEEN DESIGNATE PROPERTY HEAD PROPERTY HEAD BOILER SOLID FUEL IF BOILER, IS INSURANCE PLACED BURGLAR ALARM TYPE  | DISTANCE TO HYDRANT FIRE S 50 FT MBING, YR:  VITING, YR: | STAT MI DG CODE GRADE  ND CLASS  RESISTIV           | TAX                   | RE DISTRICT CODE ROOF GLAS SEMI- RESI            | TYPE SS STIVE                      | CODE NUM  CODE N | REJECT  IBER PRO  HEATIN STOVE  MANUFACTI  SOI SINSURANC  E & DISTANG | T CL #ST  UPANCIES  IG SOURCE OR FIREPL  JIERE:                          | INCL W.   | #BASMTS  #BASMTS  O  OOOBURNI SERT  | YR BI                                     | DATE INSTALLED:  CENTRAL STATION WITH KEYS  | L AREA  D  LOC  GON                                |
| PROPERTY HAS BEEN DESIGNATE  CONSTRUCTION TYPE  THE TOTAL THE TOTA | IRE IN IL, IN, KY and WY) ED AN HISTORICAL LAND DISTANCE TO HYDRANT FIRE S 50 FT  MBING, YR: YR: WI YR: ULEFT EXPOSU  | MI DG CODE GRADE  ND CLASS  RESISTIN  / N  CERTH    | TAX                   | ACCEPT  RE DISTRICT  CODE ROOF  GLAS  SEMI- RESI | TYPE SSS STIVE SECO                | AGE AGE CODE NUM NDARY HEA GOILER F BOILER, IX IT EXPOSUR  | REJECT  IBER PRO  HEATIN STOVE  MANUFACTI  SOI SINSURANC  E & DISTANG | T CL #ST  UPANCIES  IG SOURCE OR FIREPLI  JRER:  LID FUEL E PLACED B  CE | INCL W.   | # BASM'TS  # BASM'TS  O  OOOBURNI SERT  REAR EXP                                | YR BI                                     | DATE INSTALLED:   | LOC GON  |
| PROPERTY HAS BEEN DESIGNATED PROPERTY HAS BUILDING IMPROVEMENTS  WIRING, YR: ROOFING, YR: OTHER: PRIMARY HEAT BOILER: BOILER: SOLID FUEL IF BOILER, IS INSURANCE PLACED RIGHT EXPOSURE & DISTANCE  BURGLAR ALARM TYPE  SURGLAR ALARM INSTALLED AND SECREMISES FIRE PROTECTION (Sprinkle)  ADDITIONAL INTEREST  | DISTANCE TO HYDRANT FIRE SOOT TO SO FT SO | DG CODE GRADE  ND CLASS  RESISTIN  IN  CERTH  CERTH | TAX                   | ACCEPT  RE DISTRICT  CODE ROOF  GLAS  SEMI- RESI | TYPE SS STIVE SECONE FROM          | CODE NUM  NDARY HEA  BOILER, IS  IT EXPOSUR  | REJECT  IBER PRO  HEATIN STOVE  MANUFACTI  SOI INSURANCE E & DISTANG  | T CL #ST  UPANCIES  IG SOURCE OR FIREPLI  JRER:  LID FUEL E PLACED B  CE | INCL WILLIAM INCL | # BASM'TS  # BASM'TS  O  OOOBURNI SERT  REAR EXP                                | YR BI                                     | DATE INSTALLED:   | LOC GON GOK HOURLY                                 |
| PROPERTY HAS BEEN DESIGNATE  PROPERTY HAS BEEN DESIGNATE  CONSTRUCTION TYPE  metal w/ glass  BUILDING IMPROVEMENTS  WIRING, YR: PLUI  ROOFING, YR: HEAD  OTHER:  PRIMARY HEAT  BOILER SOLID FUEL  IF BOILER, IS INSURANCE PLACES  RIGHT EXPOSURE & DISTANCE  BURGLAR ALARM TYPE  BURGLAR ALARM INSTALLED AND SEINE  PREMISES FIRE PROTECTION (Sprinkle)  ADDITIONAL INTEREST  NA   | DISTANCE TO HYDRANT FIRE: 50 FT BL MBING, YR: YR: DELSEWHERE? YR: CEPT EXPOSE   | DG CODE GRADE  ND CLASS  RESISTIN  IN  CERTH        | TAX                   | ACCEPT  RE DISTRICT  CODE ROOF  GLAS  SEMI- RESI | TYPE SS STIVE SECONE EXTERNIX FRON | CODE NUM  NDARY HEA  BOILER, IS  IT EXPOSUR  | REJECT  IBER PRO  HEATIN STOVE  MANUFACTI  SOI INSURANCE E & DISTANG  | T CL #ST  UPANCIES  IG SOURCE OR FIREPLI  JRER:  LID FUEL E PLACED B  CE | INCL WILLIAM INCL | # BASM'TS  # BASM'TS  OOODBURNI HERE?  REAR EXP                                 | YR BU 199                                 | DATE INSTALLED  DATE INSTALLED  CENTRAL STATION WITH KEYS  CEN LOCATION TO THE MINISTALLED  | LOC GONG  LOC GONG  CK HOURLY  TRAL STATIC AL GONG |
| PROPERTY HAS BEEN DESIGNATE  PROPERTY HAS BEEN DESIGNATE  CONSTRUCTION TYPE  metal w/ glass  BUILDING IMPROVEMENTS  WIRING, YR: PLUI  ROOFING, YR: HEAD  OTHER:  PRIMARY HEAT  BOILER SOLID FUEL  IF BOILER, IS INSURANCE PLACED  RIGHT EXPOSURE & DISTANCE  BURGLAR ALARM TYPE  BURGLAR ALARM INSTALLED AND SEINE  PREMISES FIRE PROTECTION (Sprinkle)  ADDITIONAL INTEREST  NA  LOSS PAYEE   | DISTANCE TO HYDRANT FIRE SOOT TO SO FT SO | DG CODE GRADE  ND CLASS  RESISTIN  IN  CERTH        | TAX                   | ACCEPT  RE DISTRICT  CODE ROOF  GLAS  SEMI- RESI | TYPE SS STIVE SECONE FROM          | CODE NUM  NDARY HEA  BOILER, IS  IT EXPOSUR  | REJECT  IBER PRO  HEATIN STOVE  MANUFACTI  SOI INSURANCE E & DISTANG  | T CL #ST  UPANCIES  IG SOURCE OR FIREPLI  JRER:  LID FUEL E PLACED B  CE | INCL WILLIAM INCL | # BASM'TS  # BASM'TS  OOODBURNI SERT  REAR EXP  WAA  JARDS / WAA  LOCATION ITEM | YR BU 199                                 | DATE INSTALLED  DATE INSTALLED  CENTRAL STATION WITH KEYS  CEN LOCA  T IN ITEM NUI  BUILDII | LOC GON SCK HOURLY TRAL STATICAL GONG              |
| PROPERTY HAS BEEN DESIGNATE PROPERTY HAS BEEN DESIGNATE  CONSTRUCTION TYPE  metal w/ glass BUILDING IMPROVEMENTS  WIRING, YR: PLUI ROOFING, YR: HEAD OTHER: PRIMARY HEAT BOILER SOLID FUEL IF BOILER, IS INSURANCE PLACES BURGLAR ALARM TYPE  BURGLAR ALARM INSTALLED AND SE  PREMISES FIRE PROTECTION (Sprinkle)  ADDITIONAL INTEREST  NA   | DISTANCE TO HYDRANT FIRE SOOT TO SO FT SO | DG CODE GRADE  ND CLASS  RESISTIN  IN  CERTH        | TAX                   | ACCEPT  RE DISTRICT  CODE ROOF  GLAS  SEMI- RESI | TYPE SS STIVE SECONE FROM          | CODE NUM  NDARY HEA  BOILER, IS  IT EXPOSUR  | REJECT  IBER PRO  HEATIN STOVE  MANUFACTI  SOI INSURANCE E & DISTANG  | T CL #ST  UPANCIES  IG SOURCE OR FIREPLI  JRER:  LID FUEL E PLACED B  CE | INCL WILLIAM INCL | #BASM'TS  #BASM'TS  O  OOODBURNI SERT  REAR EXP  WRATION DA  JARDS / WA         | YR BI 199 NG NG Y/N OSURE & TCHMEN NTERES | DATE INSTALLED:   | LOC GON SCK HOURLY TRAL STATICAL GONG              |

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| ADDITIONAL PREMISES INFORMATION SUBJECT OF INSURANCE Cave |                       |                |                 | AGENCY                    | CUSTON   | IER ID:    |                    | SPRIM                        | OU-03             |           |       | JRYAUDES         |  |
|---|-----------------------|----------------|-----------------|---------------------------|----------|------------|--------------------|------------------------------|-------------------|-----------|-------|------------------|--|
| PREMISES INFORMATION SUBJECT OF INSURANCE                 | PREMISES # 1          | STREET         | ADDRES          | s: 2805 Spring            | Mounta   | in Road    | St. He             | lena, CA                     | 94574             |           |       |                  |  |
|   | BUILDING # 7          | BLDG D         | ESCRIPT         | ION: Cave                 |          |            |                    |                              |                   |           |       |                  |  |
| Cave  | AMOUNT                | COINS %        |                 | CAUSES OF LOSS            | INFLATIO | ON DE      | D                  | DED BLI                      | FORMS             | AND CO    | NDITH | ONS TO APPLY     |  |
|   | 2,308,                | )56            | R               | Special (including theft) | 1        |            | ,000               |                              | Included          | in Blai   | nke   | - Cave           |  |
| Business Income with                                      |                       |                |                 | Special (Including        |          |            |                    |                              |                   |           |       |                  |  |
| Business Income with<br>Extra Expense and Rental          | 144,                  | 364            |                 | theft)                    |          |            | 0                  |                              |                   |           |       |                  |  |
|   |                       |                |                 |                           |          |            |                    |                              |                   |           |       |                  |  |
|   |                       |                |                 |                           |          |            |                    |                              |                   |           |       |                  |  |
|   |                       |                |                 |                           |          |            |                    |                              |                   |           |       |                  |  |
| ADDITIONAL INFORMATION                                    | BUSINESS INCOME /     | EXTRA EXPEN    | SE - Atta       | ch ACORD 810              |          | VALUE F    | REPORTIN           | IG INFORMA                   | TION - Attach AC  | ORD 811   |       |                  |  |
| ADDITIONAL COVERAGES,                                     | OPTIONS, REST         | RICTIONS, E    | NDOF            | SEMENTS AND               | RATING   | INFOR      | MATIO              | V                            |                   |           |       |                  |  |
| SPOILAGE DESCRIPTION OF PRO                               | PERTY COVERED         |                |                 |                           | LIMIT    |            |                    | REFRIG MAI                   | NT OPTIONS        |           |       |                  |  |
| COVERAGE<br>(Y / N)                                       |                       |                |                 |                           | \$       |            |                    | AGREEMENT BREAKDOWN OR CONTA |                   |           |       | NOITAMINATION    |  |
| (174)   |                       |                |                 |                           | DEDUC    | TIBLE      |                    | (1714)                       | POWE              | ER OUTAG  | E [   | SELLING<br>PRICE |  |
|   |                       |                |                 |                           | \$       |            |                    |                              |                   |           |       |                  |  |
| SINKHOLE COVERAGE (Required in F                          | lorida)               |                |                 | ACCEPT COV                | RAGE     | RE         | JECT COV           | /ERAGE                       | LIMIT: \$         |           |       |                  |  |
| MINE SUBSIDENCE COVERAGE (Regi                            | ·                     | NV)            |                 | ACCEPT COV                |          |            | JECT COV           |                              | LIMIT: \$         |           |       |                  |  |
| PROPERTY HAS BEEN DESIGNA                                 |                       |                |                 | 7.002.700.                |          | 1 11       |                    |                              | # OF OPEN SI      | TURE'     |       |                  |  |
|   |                       |                |                 |                           |          |            |                    |                              |                   |           |       |                  |  |
| CONSTRUCTION TYPE   |                       | TO<br>RE STAT  | FIR             | E DISTRICT                | CODE     | NUMBER     | PROT CI            | L #STORII                    | ES #BASM'TS       | YR BUIL   |       | TOTAL AREA       |  |
| BUILDING IMPROVEMENTS                                     | FT                    | BLDG CODE      | TAX             | CODE ROOF TYPE            | 1        | OTHER      | OCCUPA             | NCIES                        |                   | 1990      | 1     |                  |  |
|   | 1140110 VD            | GRADE          | Ink             | GUNNITI                   |          | OTTLEN     | . 000017           | MOILS                        |                   |           |       |                  |  |
|   | UMBING, YR:           | WIND CLASS     |                 |                           |          | Н          | EATING S           | OURCE INC                    | L WOODBURNIN      | G DA      | TE    |                  |  |
|   | ATING, YR:            |                | -               | SEMI- RESISTIV            |          |            | TOVE OR<br>FACTURE | FIREPLACE                    | INSERT INSTALLED: |           |       |                  |  |
| OTHER: PRIMARY HEAT                                       | YR:                   | RESIST         | VE              | es                        | CONDARY  | _          | ACTORE             |                              |                   |           |       |                  |  |
|   |                       |                |                 | 35                        | 7        | TEAT       | SOLIDI             |                              |                   |           |       |                  |  |
|   |                       | 1              |                 | -                         | BOILER   |            | _                  |                              |                   |           |       |                  |  |
| IF BOILER, IS INSURANCE PLAC                              |                       | Y/N            | ANCE            |                           |          |            |                    | ACED ELSE                    |                   | Y/N       | NOTA  | NOT              |  |
| RIGHT EXPOSURE & DISTANCE                                 | LEFTEX                | OSURE & DIST   | ANCE            | FF                        | ONT EXPO | SURE & DIS | STANCE             |                              | REAR EXPO         | SURE & L  | JISTA | NCE              |  |
| BURGLAR ALARM TYPE  |                       | CERT           | IFICATE         | #                         |          |            |                    | E                            | EXPIRATION DAT    |           | CENT  | ION GONG         |  |
| BURGLAR ALARM INSTALLED AND S                             | ERVICED BY            |                |                 | Đ                         | TENT     |            | GRA                | DE :                         | #GUARDS/WAT       |           | WITH  | CLOCK HOURLY     |  |
| PREMISES FIRE PROTECTION (Sprint                          | ders, Standpipes, CO2 | / Chemical Sys | tems)           | % SPRNK                   | FIRE AL  | ARM MANU   | FACTURE            | ER .                         |                   |           |       | CENTRAL STATION  |  |
|   |                       |                |                 | 0                         |          |            |                    |                              |                   |           |       | LOCAL GONG       |  |
| ADDITIONAL INTEREST                                       | ACORD 45 at           |                | additi<br>EVIDE |                           | ICATE    |            |                    |                              |                   |           |       |                  |  |
|   | NAME AND ADDRESS      | KANK:          | EVIDE           | NGE:   CERTIF             | CATE     |            |                    |                              | IN                | ITEREST I |       | M NUMBER         |  |
| INTEREST  |                       |                |                 |                           |          |            |                    |                              | LOCATION:         |           | В     | UILDING:         |  |
| LOSS PAYEE  |                       |                |                 |                           |          |            |                    |                              | 1 1 4444          | 'EM:      |       |                  |  |
| INTEREST  |                       |                |                 |                           |          |            |                    |                              | CLASS:            |           | 111   |                  |  |
| LOSS PAYEE  |                       |                |                 |                           |          |            |                    |                              | ITEM DESC         | RIPTION   | 111   |                  |  |
| LOSS PAYEE MORTGAGEE                                      | REFERENCE / LOAN#     |                |                 |                           |          |            |                    |                              |                   | RIPTION   | 111   |                  |  |

| 21 | CN | ATI | IDE |  |
|----|----|-----|-----|--|

AGENCY CUSTOMER ID:

SPRIMOU-03

**JRYAUDES** 

#### Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

#### Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

#### Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

#### Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*.\*Applies in NY Only.

#### Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

#### Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

#### Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

#### Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$5,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances (be) present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| PRODUCER'S SIGNATURE Q.C.X | PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC |      | STATE PRODUCER LICENSE NO<br>(Required in Florida) |  |
|----------------------------|--|------|--|--|
| APPLICANT'S SIGNATURE      | ,  | DATE | NATIONAL PRODUCER NUMBER                           |  |
|                            |  |      |  |  |

|                     |                                      | . v  |                  |           | AGEN  | CY C     | USTOMER              | R ID:                                 | SPRIN       | 1OU-03                 | P               | JRYAUD                     |
|---------------------|--------------------------------------|--|------------------|-----------|---|----------|----------------------|---------------------------------------|-------------|------------------------|-----------------|----------------------------|
| A                   | CORD                                 | •  |                  |           | PERTY   |          |                      | N                                     |             |                        |                 | 05/15/2020                 |
| AGENCY              |                                      |  |                  |           | e # <b>0726293</b>  | t .      |                      |                                       |             |                        |                 | NAIC CODE                  |
|                     | J. Gallagher & Co.                   | Insurance Brokers  | of CA.           |           |   | -        | ıbb Limit            |                                       |             |                        |                 |                            |
| POLICYN             | NUMBER                               |  |                  |           | 6/01/2020   |          | ing Mour             | <sup>(s)</sup><br>Itain Viney         | ard, Inc.   |                        |                 |                            |
| BLANK               | KET SUMMARY                          |  |                  |           |   |          |                      |                                       |             |                        |                 |                            |
| BLKT#               | AMOUNT                               |  | YPE              |           |   | BLK      | T# /                 | THUOMA                                | OO! DI      | IOCO                   | TYPE            |                            |
| 1                   | 30,438,778 S                         |  |                  |           |   | 3        |                      | 2,887,279                             | SOI: BU     | JSER                   | -               |                            |
| -                   | 0,114,045                            | 1  | expert.          | 4 DDDE    | C. 6484 C   |          | 8 4                  | David Of II                           |             | 04674                  |                 |                            |
| DDEMI               | SES INFORMATION                      | PREMISES # 2<br>BUILDING # 1                                   |                  |           | ION: Winery   | ıng r    | Alonneann            | Road, St. H                           | eiena, CA   | 1 94574                |                 |                            |
|                     | BJECT OF INSURANCE                   | AMOUNT   | COINS %          |           | CAUSES OF L   | oss      | INFLATION<br>GUARD % | DED                                   | DED BL      | KT FOR                 | MS AND CON      | IDITIONS TO APPLY          |
| Buildin             |                                      |  |                  | R         | Special (Included)  |          | GUAKD %              |                                       | ITPE        | Include                | d in Blar       | ket - Winery               |
|                     |                                      | 3,388,653  |                  |           | theft)  |          |                      | 10,000                                |             | Buildin                | g               |                            |
| Busine<br>Extra E   | ess Income with<br>Expense and Renta | 144,364  |                  |           | Special (Incli  | uding    |                      | 0                                     |             |                        |                 |                            |
|                     |                                      |  |                  |           |   |          | ì                    |                                       |             |                        |                 |                            |
| ADDITIO             | NAL INFORMATION                      | BUSINESS INCOME / EXT  | RA EXPENS        | SE - Atta | ch ACORD 810  |          |                      | ALUE REPORT                           | ING INFORMA | ATION - Attach         | ACORD 811       |                            |
|                     | IONAL COVERAGES,                     |  | TIONS, E         | NDOF      | SEMENTS   | AND      | 1                    | NFORMATIC                             | N           |                        |                 |                            |
| SPOILA              | GE                                   | PERTY COVERED  |                  |           |   |          | LIMIT                |                                       | REFRIG MA   | MIT                    |                 |                            |
| (Y / N)             | )                                    |  |                  |           |   |          | \$                   |                                       | (Y/N)       | BRI                    |                 | R CONTAMINATION SELLING    |
|                     |                                      |  |                  |           |   |          | DEDUCTIB<br>\$       | LE                                    |             | PO                     | WER OUTAG       | PRICE                      |
| SINKHOL             | LE COVERAGE (Required in i           | Elorida\   |                  |           | ACCEPT  | COVE     | -                    | REJECT CO                             | VERAGE      | LIMIT: \$              |                 |                            |
|                     | BSIDENCE COVERAGE (Reg               | The sale resembles is seemed with the majorithment in Albert . |                  | e         | ACCEPT  |          |                      | REJECT CO                             |             | LIMIT: \$              |                 |                            |
|                     | OPERTY HAS BEEN DESIGNA              |  | MARK             |           |   |          |                      |                                       |             |                        | SIDES ON S      | TRUCTURE:                  |
| _                   |                                      |  |                  |           |   |          |                      |                                       |             |                        |                 |                            |
| CONSTR              | UCTION TYPE                          | DISTANCE TO  |                  | FIR       | E DISTRICT  |          | CODE NUM             | MBER PROT                             | CL #STOR    | IES #BASMT             | S YR BUIL       | TOTAL AREA                 |
| stone               |                                      | HYDRANT FIRES  | MI               |           |   |          | 1                    | 5                                     | 2           | 0                      | 1891            | 8,000                      |
| BUILDIN             | G IMPROVEMENTS                       | BL   | DG CODE<br>GRADE | TAX       | CODE ROOF   | TYPE     |                      | OTHER OCCUP                           | ANCIES      |                        |                 |                            |
| X WR                | RING, YR: 1994 PL                    | UMBING, YR:  | _ r w thris      |           | COM   | POSI     | IT                   | none                                  |             |                        |                 |                            |
| 20                  |                                      |  | ND CLASS         |           | SEMI- RESI  | STIVE    |                      | HEATING<br>STOVE OF                   | SOURCE INC  | CL WOODBURN<br>EINSERT |                 | TE<br>TALLED:              |
| OTH                 | HER:                                 | YR:  | RESISTI          | VE        |   | _        |                      | MANUFACTUR                            | ER:         |                        |                 |                            |
| PRIMAR              |                                      | <u></u>  |                  |           |   | SEC      | ONDARY HE            | · · · · · · · · · · · · · · · · · · · | grade .     |                        |                 |                            |
|                     | LER SOLID FUE                        |  |                  |           |   |          | BOILER               |                                       | FUEL        |                        | 70.             |                            |
|                     | BOILER, IS INSURANCE PLAC            | LEFT EXPOSE  | /N               | ANOT      |   |          |                      | S INSURANCE I                         |             |                        | Y/N             | ICTANICE                   |
| RIGHT E.<br>Vineyaı | XPOSURE & DISTANCE<br>rd             | vineyard   | ine & DIST       | anue      |   | FRC      | INT EXPOSU           | RE & DISTANCE                         |             | vineyar                | POSURE & D<br>d | ISTANUE                    |
|                     | AR ALARM TYPE                        | AND AND ADDRESS AND ASSESSED.                                  | CERT             | IFICATE   | A S TOTAL SECTION OF THE SECTION OF |          |                      | Затиная в кольторительного            | - A         | EXPIRATION D           | ATE X           | DENTRAL LOC<br>STATION GON |
| BURGLA              | R ALARM INSTALLED AND                | SERVICED BY  |                  |           |   | EXT      | ENT                  | GR                                    | ADE         | #GUARDS / W            |                 | , CLOCK HOURLY             |
|                     |                                      |  |                  |           |   |          |                      |                                       | I           |                        |                 |                            |
| PREMISI             | ES FIRE PROTECTION (Sprin            | klers, Standpipes, CO2 / Cho                                   | emical Syst      | ems)      | % SF  | RNK<br>O |                      | MANUFACTUR                            | RER         |                        |                 | CENTRAL STATE              |
| ADDIT               | TIONAL INTEREST                      | ACORD 45 attac   | hed for          | additi    | onal names  | 3        |                      |                                       |             |                        |                 | · v                        |
| INTERES             |                                      | NAME AND ADDRESS RAI   |                  | EVIDE     |   | RTIFIC   | CATE                 |                                       |             |                        | INTEREST I      | N ITEM NUMBER              |
| LO                  | SS PAYEE                             |  |                  |           |   |          |                      |                                       |             | LOCATIO                |                 | BUILDING:                  |
| MO                  | RTGAGEE                              |  |                  |           |   |          |                      |                                       |             | ITEM<br>CLASS:         |                 | ITEM:                      |
|                     |                                      |  |                  |           |   |          |                      |                                       |             | ITEM DES               | SCRIPTION       |                            |
|                     |                                      |  |                  |           | -   |          |                      |                                       |             |                        |                 |                            |
|                     |                                      | REFERENCE / LOAN #   |                  |           |   |          |                      |                                       |             |                        |                 |                            |

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| 1100111101111  | EMISES # 3  LDING # 1  AMOUNT  1,325,692 |                | ESCRIP"        |                  | 19 Spring     | Mountain           |           | _        |                |           |                        |        |                |        |  |
|--|--|----------------|----------------|------------------|---------------|--------------------|-----------|----------|----------------|-----------|------------------------|--------|----------------|--------|--|
| PREMISES INFORMATION BUILD SUBJECT OF INSURANCE Building | AMOUNT 1,325,692                         |                |                | TION: M          | -             |                    | Road,     | St H     | lelena, C      | A 9       | 4574                   |        |                |        |  |
| Building   | 1,325,692                                | COINS %        | VALU-          |                  | ain House     |                    | _         |          |                |           |                        |        |                |        |  |
|  |  |                | VALU-<br>ATION |                  | ES OF LOSS    | INFLATION<br>GUARD | DED       |          | DED<br>TYPE    | BLKT<br># | FORMS AND              | COND   | ITIONS TO AF   | PPLY   |  |
| Business Income with<br>Extra Expense and Rental         |  |                | R              | Specia<br>theft) | al (Including |                    | 10,0      | 000      |                |           | Included in B          | lank   | et - Main      | 1      |  |
| Business Income with<br>Extra Expense and Rental         | 144,364                                  |                |                |                  |               |                    | 101       | ,00      |                |           | nouse                  |        |                |        |  |
|  |  |                |                | Specia<br>theft) | al (Including |                    |           | 0        |                |           |                        |        |                |        |  |
|  |  |                |                |                  |               | T                  |           |          |                |           |                        |        |                |        |  |
| ADDITIONAL INFORMATION BUSIN                             | JESS INCOME / EXTR                       | A EXPEN        | SE - Atta      | ch ACO           | RD 810        |                    | VALUE RE  | PORT     | ING INFORI     | MATIC     | ON - Attach ACORD 8    | 111    |                |        |  |
| ADDITIONAL COVERAGES, OPTIC                              | NS, RESTRICT                             | IONS, E        | NDO            | RSEME            | ENTS AND      | RATING             | INFORM    | ATIC     | N              |           |                        |        |                |        |  |
| SPOILAGE DESCRIPTION OF PROPERTY                         | COVERED                                  |                |                |                  |               | LIMIT              |           |          | REFRIG N       |           | OPTIONS                |        |                |        |  |
| COVERAGE<br>(Y/N)  |  |                |                |                  |               | \$                 |           |          | AGREEN<br>(Y/N |           | BREAKDOW               | N OR   | CONTAMINAT     |        |  |
|  |  |                |                |                  |               | DEDUCTIE<br>\$     | BLE       |          |                | ]         | POWER OUT              | AGE    | SELL<br>PRIC   |        |  |
| SINKHOLE COVERAGE (Required in Florida)                  |  |                |                | A                | CCEPT COVE    | RAGE               | REJE      | ст сс    | VERAGE         |           | LIMIT: \$              |        |                |        |  |
| MINE SUBSIDENCE COVERAGE (Required in                    | IL, IN, KY and WV)                       |                |                | A                | CCEPT COVE    | RAGE               | REJE      | ст сс    | VERAGE         |           | LIMIT: \$              |        |                |        |  |
| PROPERTY HAS BEEN DESIGNATED AN                          | HISTORICAL LANDI                         | 1ARK           |                |                  |               |                    |           |          |                | ,         | # OF OPEN SIDES O      | N STR  | UCTURE:        |        |  |
|  |  | 10             |                |                  |               | 10                 |           |          |                |           |                        |        |                |        |  |
| CONSTRUCTION TYPE Frame                                  | DISTANCE TO<br>HYDRANT FIRE ST<br>200 FT | AT<br>MI       | FIR            | E DISTE          | RICT          | CODE NU            | MBER F    | <b>5</b> | 2 # STO        | RIES      | #BASM'TS YRB           |        | 3,000          | ĒA     |  |
| BUILDING IMPROVEMENTS                                    | BLC                                      | G CODE<br>RADE | TAX            | CODE             | ROOF TYPE     |                    | OTHER C   | CCUP     | ANCIES         |           |                        |        |                |        |  |
| WRING, YR: PLUMBING                                      |  |                |                |                  | COMPOSI       | Т                  | none      |          |                |           |                        |        |                |        |  |
| X ROOFING, YR: 1990 HEATING,                             | YR: WIN                                  | D CLASS        |                | SEN              | II- RESISTIVE |                    | HEA       | TING :   | SOURCE IN      | ICL W     | OODBURNING<br>SERT     | DATE   | LLED:          |        |  |
| OTHER: YR:   |  | RESISTI        | VE             |                  |               |                    | MANUFA    |          |                |           |                        |        |                |        |  |
| PRIMARY HEAT   |  |                |                |                  | SEC           | ONDARY HE          | EAT       |          |                |           |                        |        |                |        |  |
| BOILER SOLID FUEL  |  |                |                |                  |               | SOILER             |           | SOLID    | FUEL           |           |                        |        |                |        |  |
| IF BOILER, IS INSURANCE PLACED ELSI                      | EWHERE? Y/                               | N              |                |                  |               | IF BOILER,         | IS INSURA | NCE F    | LACED EL       | SEWH      | IERE? Y/N              |        |                |        |  |
| RIGHT EXPOSURE & DISTANCE                                | LEFT EXPOSUR                             | E & DIST       | ANCE           |                  | FRC           | NT EXPOSU          | RE & DIST | ANCE     |                |           | REAR EXPOSURE Vineyard | & DIS  | ANCE           |        |  |
| BURGLAR ALARM TYPE                                       |  | CERT           | IFICATE        | #                |               |                    |           |          |                | EXP       | IRATION DATE X         | CE     | NTRAL<br>ATION | LOCA   |  |
| central  |  |                | .,,,,,,,,      |                  |               |                    |           |          |                |           |                        |        | H KEYS         | GON    |  |
| BURGLAR ALARM INSTALLED AND SERVICE                      | D BY                                     | -              |                |                  | EXT           | ENT                |           | GRA      | ADE            | #GL       | JARDS / WATCHMEN       |        | CLOCK HO       | DURLY  |  |
| PREMISES FIRE PROTECTION (Sprinklers, Sta                | andpipes, CO2 / Cher                     | nical Syste    | ems)           |                  | % SPRNK       | FIRE ALAR          | M MANUFA  | CTUR     | ER             |           |                        |        | CENTRAL        | STATIC |  |
| smoke detectors  |  |                |                |                  | 0             |                    |           |          |                |           |                        |        | LOCAL GO       |        |  |
|  | ORD 45 attach                            | ed for         | additi.        | onal n           | amac          |                    |           |          |                |           |                        |        |                |        |  |
|  | ND ADDRESS RANI                          |                | EVIDE          |                  | CERTIFIC      | ATE                |           |          |                |           | INTERES                | T IN I | EM NUMBER      | ,      |  |
| LOSS PAYEE   |  | -              |                |                  |               |                    |           |          |                | . 1       | LOCATION:              |        | BUILDING:      |        |  |
| MORTGAGEE  |  |                |                |                  |               |                    |           |          |                |           | ITEM<br>CLASS:         |        | ITEM:          |        |  |
|  |  |                |                |                  |               |                    |           |          |                |           | ITEM DESCRIPTION       | ú      | II EM.         |        |  |
|  |  |                |                |                  |               |                    |           |          |                |           |                        |        |                |        |  |
|  |  |                |                |                  | 1             |                    |           |          |                |           |                        |        |                |        |  |
| REFERE   | NCE/IOANE                                |                |                |                  | _             | more spa           |           |          |                | -         |                        |        |                |        |  |

|           | AGENCY CUSTOMER ID: | SPRIMOU-03 | JRYAUDES |
|-----------|---------------------|------------|----------|
| SIGNATURE |                     |            |          |

#### Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

#### Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

#### Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

#### Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

#### Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

#### Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

#### Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

#### Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| PRODUCER'S SIGNATURE QCX | PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC | STATE PRODUCER LICENSE NO (Required in Florida) |                          |
|--------------------------|--|---|--------------------------|
| APPLICANT'S SIGNATURE    |  | DATE  | NATIONAL PRODUCER NUMBER |

|  |                             |            |              | AGE  | NCY C        | USTOMER         | R ID:      | S         | PRIM                                  | OU-03              |                            | JRYAUD                          |
|--|-----------------------------|------------|--------------|--|--------------|-----------------|------------|-----------|---------------------------------------|--------------------|----------------------------|---------------------------------|
| ACORD  |                             |            |              | PERTY  |              |                 | N          |           |                                       |                    |                            | DATE (MM/DD/YYYY)<br>05/15/2020 |
| AGENCY NAME                                    |                             |            | Licen        | se # 072629  |              |                 |            |           |                                       |                    |                            | NAIC CODE                       |
| Arthur J. Gallagher & Co. I                    | nsurance Broker             | s of CA    | ., Inc.      |  | Chi          | ubb Limit       | ed         |           |                                       |                    |                            |                                 |
| POLICY NUMBER                                  |                             |            |              | 6/01/2020  |              | ED INSURED      |            | neyard,   | , Inc.                                |                    |                            |                                 |
| BLANKET SUMMARY                                |                             |            |              |  | -            |                 |            |           |                                       |                    |                            |                                 |
| BLKT# AMOUNT                                   |                             | TYPE       |              |  | BLK          | CT# #           | MOUNT      |           |                                       |                    | TYPE                       |                                 |
| 1 30,438,778 SC                                |                             |            |              |  | 3            |                 | 2,887,2    | 79 SC     | )I: BU                                | SER                |                            |                                 |
| 2 6,174,543 SC                                 | DI: PP                      | _          |              |  |              |                 |            |           |                                       |                    |                            |                                 |
|  | PREMISES #: 3               | STREET     | ADDRE        | ss: 2849 Sp  | ring I       | Mountain        | Road, S    | t. Helen  | ia, CA                                | 94574              |                            |                                 |
| PREMISES INFORMATION                           | BUILDING # 2                |            |              | ION: 2 Car   | Garag        |                 |            |           |                                       | ***                |                            |                                 |
| SUBJECT OF INSURANCE                           | AMOUNT                      | COINS %    | ATION        | CAUSES OF  | LOSS         | INFLATION GUARD | DED        | DEC       | E #                                   |                    |                            | IDITIONS TO APPLY               |
| Building                                       | 315,180                     | )          | R            | Special (Inc   | luding       |                 | 10,00      | 0         | -                                     | Included<br>Garage | iket - 2 Car               |                                 |
| tuning a lunguage suitte                       |                             |            |              |  | h            |                 |            |           |                                       |                    |                            |                                 |
| usiness Income with<br>xtra Expense and Rental | 144,36                      | 1          |              | Special (Inc   | ivaing       |                 |            | 0         |                                       |                    |                            |                                 |
|  |                             |            |              | and a color or department of the color of th |              |                 |            |           |                                       |                    |                            |                                 |
|  |                             |            |              |  |              |                 |            |           |                                       |                    |                            |                                 |
|  |                             |            | Para Silvano | Section 2  |              |                 |            |           | Ť                                     |                    |                            |                                 |
| ADDITIONAL INFORMATION                         | BUSINESS INCOME / EXT       | RA EXPEN   | SE - Atta    | ich ACORD 810  | )            | v               | ALUE REPO  | ORTING IN | FORMA                                 | TION - Attach A    | CORD 811                   |                                 |
| ADDITIONAL COVERAGES, O                        | OPTIONS, RESTRIC            | TIONS,     | ENDO         | RSEMENTS   | AND          | RATING IN       | IFORMA     | TION      |                                       |                    |                            |                                 |
| SPOILAGE DESCRIPTION OF PRO                    |                             |            |              |  |              | LIMIT           |            |           | RIG MAI                               | NT OPTIONS         |                            |                                 |
| COVERAGE<br>(Y / N)                            |                             |            |              |  |              | \$              |            |           | REEMEN                                | BREA               | KDOWN OF                   | R CONTAMINATION                 |
|  |                             |            |              |  |              | DEDUCTIBL       | E          |           | (Y/N)                                 | POW                | ER OUTAGE                  | SELLING<br>PRICE                |
|  |                             |            |              |  |              | 1\$             | 1          |           |                                       |                    |                            |                                 |
| SINKHOLE COVERAGE (Required in F               | lorida)                     |            |              | ACCEPT   | COVE         | RAGE            |            | T COVERA  |                                       | LIMIT: \$          |                            |                                 |
| MINE SUBSIDENCE COVERAGE (Requ                 | ired in IL, IN, KY and WV)  |            |              | ACCEPT   | COVE         | RAGE            | REJEC      | T COVERA  | AGE                                   | LIMIT: \$          |                            |                                 |
| PROPERTY HAS BEEN DESIGNAT                     | TED AN HISTORICAL LAN       | DMARK      |              |  |              |                 |            |           |                                       | # OF OPEN S        | IDES ON ST                 | RUCTURE:                        |
|  |                             |            |              |  |              |                 |            |           |                                       |                    |                            |                                 |
|  | DISTANCE TO                 |            |              |  |              | T               |            | OT CL #   | STORIE                                | S #BASM'TS         | YR BUILT                   | TOTAL AREA                      |
| CONSTRUCTION TYPE                              | DISTANCE TO<br>HYDRANT FIRE | 1          | FIF          | RE DISTRICT  |              | CODE NUM        | BEK PK     | 5         | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 0                  | 1940                       | 400                             |
|  | 200 FT                      | MI DG CODE | 714          | 2005   | TVEE         |                 | OTHER OF   |           |                                       |                    | 1340                       | ,400                            |
| BUILDING IMPROVEMENTS                          | 1                           | GRADE      | TAX          |  | TYPE         |                 | OTHER OC   | CUPANCII  | E\$                                   |                    |                            |                                 |
|  | MBING, YR:                  | NID OL LOC | -            | 1  |              |                 | HEAT       | NG SOUR   | CE INCL                               | . WOODBURNIN       | G DAT                      | E                               |
|  | TING, TK.                   | IND CLASS  | Šam.         | SEMI- RES  | ISTIVE       | -               | STOV       | E OR FIRE | PLACE                                 | NSERT              | INST                       | TALLED:                         |
| OTHER:   | YR:                         | RESIST     | IVE          |  |              | -               | MANUFACT   | TURER:    |                                       |                    |                            |                                 |
| RIMARY HEAT                                    |                             |            |              |  | SEC          | ONDARY HEA      |            |           |                                       | ~,                 |                            |                                 |
| BOILER SOLID FUEL                              |                             |            |              |  |              | BOILER          |            | OLID FUEL | -                                     |                    |                            |                                 |
| IF BOILER, IS INSURANCE PLACE                  |                             | //N        |              |  | 1            | IF BOILER, IS   |            |           | ELSE                                  | -17                | Y/N                        |                                 |
| RIGHT EXPOSURE & DISTANCE                      | LEFT EXPOS                  | JRE & DIST | ANCE         |  | FRO          | NT EXPOSUR      | E & DISTAI | VCE       |                                       | REAR EXPO          | SURE & DI                  | STANCE                          |
| BURGLAR ALARM TYPE                             |                             | CERT       | TFICATE      | #  | 1            |                 |            |           | E                                     | XPIRATION DA       | S                          | ENTRAL LOC<br>TATION GON        |
| BURGLAR ALARM INSTALLED AND SE                 | ERVICED BY                  | •          |              |  | EXT          | ENT             |            | GRADE     | #                                     | GUARDS / WAT       |                            | CLOCK HOURLY                    |
| REMISES FIRE PROTECTION (Sprink                | ers, Standpipes, CO2 / Ch   | emical Sys | tems)        | % Si   | PRNK<br>0    | FIRE ALARM      | MANUFAC    | TURER     |                                       |                    | -                          | CENTRAL STATIO                  |
| DDITIONAL INTEDEST                             | ACORD 45 affect             | had fa-    | addis:       | onal name  | -            |                 |            |           |                                       |                    |                            | COUNT GOING                     |
| ADDITIONAL INTEREST                            | ACORD 45 attac              |            | EVIDE        |  | S<br>ERTIFIC | TATE            |            |           |                                       |                    | i mangangan annan ann an a | ATER 40 (AIRE                   |
| -1   | AME AND ADDRESS RA          | 417        | EVIDE        | INCE. C  | -NIIFK       | MIE             |            |           |                                       |                    |                            | ITEM NUMBER                     |
| LOSS PAYEE                                     |                             |            |              |  |              |                 |            |           |                                       | LOCATION:          |                            | BUILDING:                       |
| MORTGAGEE                                      |                             |            |              |  |              |                 |            |           |                                       | CLASS:             | DIRTIC:                    | ITEM:                           |
|  |                             |            |              |  |              |                 |            |           |                                       | ITEM DESC          | KIPTION                    |                                 |
| D  | EFERENCE / LOAN #:          |            |              |  |              |                 |            |           |                                       |                    |                            |                                 |
| ACORD 140 (2014/12)                            |                             | _          |              | Attach to A  | COP          | D 125           | A 100E 1   | 014 50    | OPD                                   | COBBOBA            | CION A                     | Il rights reserve               |

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|  |                                |                  |                | AGEN            | CY C   | USTOMER              | R ID:      |         | SPRIN               | IOU-03                        |                  |          |       | JRYAUDE                 |  |  |
|--|--------------------------------|------------------|----------------|-----------------|--------|----------------------|------------|---------|---------------------|-------------------------------|------------------|----------|-------|-------------------------|--|--|
| ADDITIONAL                                     | PREMISES#:3                    | STREET           | ADDRE          | ss: 2849 Spr    | ing f  | Mountain             | Road, S    | t Hel   | ena, CA             | 94574                         | -                |          |       |                         |  |  |
| PREMISES INFORMATION                           | BUILDING # 3                   |                  |                | TION: Winery    | Bldg   |                      |            |         |                     |                               |                  |          |       |                         |  |  |
| SUBJECT OF INSURANCE                           | AMOUNT                         | COINS %          | VALU-<br>ATION | CAUSES OF L     |        | INFLATION<br>GUARD % | DED        | 1       | YPE BL              | KT F                          | ORMS A           | ND CON   | NDIT  | IONS TO APPLY           |  |  |
| Building                                       | 374,952                        |                  | R              | Special (Inclu  | ding   |                      | 10,0       |         |                     |                               | ded ir<br>ling # | Blar     | nke   | t - Wine                |  |  |
| Business Income with<br>Extra Expense and Rent | al 144,364                     |                  |                | Special (Inclu  | ding   |                      |            | Ī       |                     |                               |                  |          |       |                         |  |  |
|  |                                |                  |                |                 |        |                      |            |         |                     |                               |                  |          |       |                         |  |  |
| ADDITIONAL INFORMATION                         | BUSINESS INCOME / EXTR         | A EXPENS         | SE - Att       | ach ACORD 810   |        |                      | ALUE REI   | PORTING | INFORMA             | ATION - Atta                  | nch ACO          | RD 811   |       |                         |  |  |
| ADDITIONAL COVERAGES                           |                                |                  |                |                 | MD     |                      |            |         |                     |                               |                  |          | _     |                         |  |  |
| SPOILAGE DESCRIPTION OF PR                     |                                | 10110, 1         | .iebo          | TO LINE IT TO A | TIVE   | LIMIT                | 43 OITIM   |         |                     | INT OPTI                      | ONE              |          |       |                         |  |  |
| COVERAGE                                       | COLLICIT GOVERED               |                  |                |                 |        | 1                    |            |         | EFRIG MA<br>AGREEME | EMENT                         |                  |          |       |                         |  |  |
| (Y / N)  |                                |                  |                |                 |        | \$                   | _          | -       | (Y / N)             | (Y / N) BREAKDOWN OR CONTAMIN |                  |          |       | SELLING                 |  |  |
|  |                                |                  |                |                 |        | DEDUCTIB             | LE         |         |                     |                               |                  |          |       | PRICE                   |  |  |
|  |                                |                  |                |                 |        | \$                   | 1          |         | 1                   |                               |                  |          |       |                         |  |  |
| SINKHOLE COVERAGE (Required in                 | n Florida)                     |                  |                | ACCEPT          | COVE   | RAGE                 | REJE       | CT COV  | ERAGE               | LIMIT:                        | \$               |          |       |                         |  |  |
| MINE SUBSIDENCE COVERAGE (Re                   | equired in IL, IN, KY and WV)  |                  |                | ACCEPT          | COVE   | RAGE                 | REJE       | CT COV  | ERAGE               | LIMIT: \$                     |                  |          |       |                         |  |  |
| PROPERTY HAS BEEN DESIGN                       | VATED AN HISTORICAL LAND       | MARK             |                |                 |        |                      |            |         |                     | #OF OF                        | PEN SIDE         | S ON S   | TRU   | CTURE:                  |  |  |
| CONSTRUCTION TYPE                              | DISTANCE TO<br>HYDRANT FIRE S  |                  | FI             | RE DISTRICT     |        | CODE NUM             | BER P      | ROT CL  | #STORI              | ES #BASI                      | M'TS Y           | 'R BUIL' | т     | TOTAL AREA              |  |  |
| stone  | 200FT                          | MI               |                |                 |        |                      |            | 5       | 1                   |                               |                  | 1985     |       | 300                     |  |  |
| BUILDING IMPROVEMENTS                          | BL                             | OG CODE<br>SRADE | TAX            | CODE ROOF       |        | 7                    | OTHER O    | CCUPA   | ICIES               |                               |                  |          |       |                         |  |  |
| WIRING, YR:                                    | PLUMBING, YR:                  |                  | -              | COM             | 031    | 1                    | ·- TUEA    | TIME SC | N IBCE INC          | I MANODOL                     | IDMINIC          | DA*      | TC    |                         |  |  |
| ROOFING, YR:                                   | HEATING, YR:                   | ID CLASS         | -              | SEMI- RESIS     | STIVE  |                      | STO        | VE OR F | IREPLACE            | L WOODBU                      | DRINING          |          |       | LED:                    |  |  |
| OTHER:   | YR:                            | RESISTI          | VE             |                 |        |                      | MANUFAC    | TURER   |                     |                               |                  |          |       |                         |  |  |
| PRIMARY HEAT                                   |                                |                  |                |                 | SEC    | ONDARY HE            | AT         |         | _                   |                               |                  |          |       |                         |  |  |
| BOILER SOLID FU                                | JEL                            |                  |                |                 |        | BOILER               |            | SOLID F | JEL _               |                               |                  |          |       |                         |  |  |
| IF BOILER, IS INSURANCE PLA                    | ACED ELSEWHERE? Y              | / N              |                |                 |        | IF BOILER, I         | SINSURA    | NCE PLA | ACED ELSE           | WHERE?                        | Y                | / N      |       |                         |  |  |
| RIGHT EXPOSURE & DISTANCE                      | LEFT EXPOSU                    | RE & DIST        | ANCE           |                 | FRO    | NT EXPOSUR           | RE & DISTA | NCE     |                     | REAR                          | EXPOSU           | JRE & D  | ISTA  | NCE                     |  |  |
|  |                                |                  |                |                 |        |                      |            |         |                     | 9                             |                  |          |       |                         |  |  |
| BURGLAR ALARM TYPE                             |                                | CERT             | IFICATI        | <b>=</b> #      |        |                      |            |         |                     | EXPIRATIO                     | N DATE           | 8        | STA   | TRAL LOCAL<br>FION GONG |  |  |
| BURGLAR ALARM INSTALLED AND                    | SERVICED BY                    |                  |                |                 | EXT    | ENT                  |            | GRAD    | E                   | #GUARDS                       | /WATCH           | -        | VVIII | CLOCK HOURLY            |  |  |
| PREMISES FIRE PROTECTION (Spri                 | inklers, Standpipes, CO2 / Che | mical Syst       | ems)           | % SPI           |        | FIRE ALARM           | MANUFA     | CTURE   | 2                   |                               |                  |          |       | CENTRAL STATION         |  |  |
| ADDITIONAL INTEREST                            | ACORD 45 attacl                | ned for          | addit          | ional names     |        |                      |            |         |                     |                               |                  |          |       |                         |  |  |
| INTEREST                                       | NAME AND ADDRESS RAN           |                  |                |                 | RTIFIC | ATE                  |            |         |                     |                               | INTE             | PEST II  | N ITE | M NUMBER                |  |  |
| LOSS PAYEE                                     |                                |                  | -              |                 |        |                      |            |         |                     | LOCA                          |                  |          |       | BUILDING:               |  |  |
| MORTGAGEE                                      |                                |                  |                |                 |        |                      |            |         |                     | ITEM<br>CLAS                  | non:             |          |       |                         |  |  |
|  |                                |                  |                |                 |        |                      |            |         |                     |                               | S:<br>DESCRIF    | TION     | -11   | TEM:                    |  |  |
|  |                                |                  |                |                 |        |                      |            |         |                     | 1,634                         |                  |          |       |                         |  |  |
|  | DEEDENCE / LOAN #              |                  |                |                 |        |                      |            |         |                     |                               |                  |          |       |                         |  |  |
| REMARKS (ACORD 101,                            | REFERENCE / LOAN #             |                  |                | 70.7            | _      |                      |            |         |                     |                               |                  |          | _     |                         |  |  |
|  |                                |                  |                |                 |        |                      |            |         |                     |                               |                  |          |       |                         |  |  |
| ACORD 140 (2014/12)                            |                                |                  |                | Page            | 2 0    | F 3                  |            |         |                     |                               |                  |          |       |                         |  |  |

|          | AGENCY CUSTOMER ID: | SPRIMOU-03 | JRYAUDES |
|----------|---------------------|------------|----------|
| MONATURE |                     |            |          |

#### Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

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It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyhoider or claimant for the purpose of defrauding or attempting to defraud the policyhoider or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

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Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

#### Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

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It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

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Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

#### Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

#### Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$5,000) and not more than then thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances (be) present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| PRODUCER'S SIGNATURE Q. C.J.A | PRODUCER'S NAME (Please Print)  Dina Campana Smith, CIC | STATE PRODUCER LICENSE NO (Required in Florida) |
|-------------------------------|---|---|
| APPLICANT'S SIGNATURE         | DATE  | NATIONAL PRODUCER NUMBER                        |
|                               |   |   |

|   |                           |                    |                | AGE          | NCY C      | USTOMER                   | R ID:      |                                       | SPRIM     | 1OU-03                    |                          | JRYAUDE                                       |  |  |  |
|---|---------------------------|--------------------|----------------|--------------|------------|---------------------------|------------|---------------------------------------|-----------|---------------------------|--------------------------|---|--|--|--|
| ACORD   |                           |                    |                | PERTY        |            |                           | N          |                                       |           |                           | 4                        | 05/15/2020                                    |  |  |  |
| AGENCY NAME   |                           |                    |                | se # 072629  |            |                           |            |                                       |           |                           |                          | NAIC CODE                                     |  |  |  |
| Arthur J. Gallagher & Co. I   | insurance Brokei          | rs of CA.          |                |              |            | ıbb Limit                 |            |                                       |           |                           |                          |   |  |  |  |
| POLICY NUMBER   |                           |                    |                | 6/01/2020    |            | ing Moun                  |            | Vineya                                | rd, Inc.  |                           |                          |   |  |  |  |
| BLANKET SUMMARY   |                           |                    |                |              |            |                           | 2.00       |                                       |           |                           |                          |   |  |  |  |
| 30,438,778 SC   | N- B                      | TYPE               |                |              | 3 2,887,27 |                           |            |                                       | TYPE      |                           |                          |   |  |  |  |
| 6.174.543 SC  |                           |                    |                |              | 9          |                           | 2,0        | 01,215                                | 301. DC   | JOLIN                     |                          |   |  |  |  |
| 3,00,00   | PREMISES # 3              | STREET             | ADDRE          | ss: 2849 Sp  | ring f     | Mountain                  | Pos        | d St Hel                              | ena C     | 94574                     |                          |   |  |  |  |
| PREMISES INFORMATION  | BUILDING # 4              | _                  |                | ION: Winery  |            |                           |            | 4,04 110                              | icina, os | 1,04074                   |                          |   |  |  |  |
| SUBJECT OF INSURANCE  | AMOUNT                    |                    | VALU-<br>ATION | CAUSES OF    |            | INFLATION<br>GUARD %      |            | DED                                   | DED BL    | KT FORM                   | S AND CON                | ONDITIONS TO APPLY                            |  |  |  |
| uilding   | 817,38                    |                    | R              | Special (Inc | luding     |                           | 1          | 0,000                                 |           | Included                  | in Blar                  | ket - Wine                                    |  |  |  |
|   |                           |                    |                |              |            |                           |            | 0,000                                 |           | building                  | 774                      |   |  |  |  |
| usiness Income with<br>xtra Expense and Rental  | 144,36                    | 14                 |                | Special (Inc | luding     |                           |            |                                       |           |                           |                          |   |  |  |  |
|   |                           |                    |                |              |            | (Manada)                  |            |                                       |           |                           |                          |   |  |  |  |
| DDITIONAL INFORMATION ADDITIONAL COVERAGES, SPOILAGE COVERAGE (Y / N)                             |                           |                    |                |              |            |                           | VFOI       | RMATION                               |           | NT BREA                   |                          | R CONTAMINATION                               |  |  |  |
|   |                           |                    |                |              |            | \$                        | LE         |                                       |           | FOW                       | ER COTAG                 | PRICE   |  |  |  |
| SINKHOLE COVERAGE (Required in F  | lorida)                   |                    |                | ACCEP        | COVE       | RAGE                      | R          | EJECT COV                             | ERAGE     | LIMIT: \$                 |                          |   |  |  |  |
| WINE SUBSIDENCE COVERAGE (Requ  |                           | •                  |                | ACCEP        | COVE       | RAGE                      | R          | EJECT COV                             | ERAGE     | LIMIT: \$                 |                          |   |  |  |  |
| PROPERTY HAS BEEN DESIGNA   | TED AN HISTORICAL DAT     | NUMARK             |                |              |            |                           |            |                                       |           | # OF OPEN S               | SIDES ON S               | IROCTORE:                                     |  |  |  |
| CONSTRUCTION TYPE   | DISTANCE TO HYDRANT FIRE  | STAT               | FIF            | RE DISTRICT  |            | CODE NUM                  | MBER PROTO |                                       | #STOR     | IES #BASWTS               | YR BUILT                 | 1,500   |  |  |  |
| BUILDING IMPROVEMENTS   | 1                         | BLDG CODE<br>GRADE | TAX            |              | F TYPE     | т                         | OTHE       | ER OCCUPAI                            | NCIES     |                           | 1                        |   |  |  |  |
|   | UMBING, YR: ATING, YR:    | WIND CLASS         |                | SEMI- RES    |            |                           |            | HEATING SOURCE IS<br>STOVE OR FIREPLA |           | CL WOODBURNII<br>E INSERT | TE<br>TALLED:            |   |  |  |  |
| OTHER:  | YR:                       | RESISTI            | VE             |              |            |                           | MANU       | UFACTURER                             | ₹:        |                           |                          |   |  |  |  |
| RIMARY HEAT   |                           |                    |                |              | SEC        | ONDARY HE                 | AT _       |                                       |           |                           |                          |   |  |  |  |
| BOILER SOLID FUE  | -                         | VIN                |                |              |            | BOILER                    | L          | SOLID F                               | _         | ENAMEDED                  | 10,00                    |   |  |  |  |
| IF BOILER, IS INSURANCE PLACED ELSEWHERE? Y/N  IGHT EXPOSURE & DISTANCE  LEFT EXPOSURE & DISTANCE |                           |                    |                |              |            | FRONT EXPOSURE & DISTANCE |            |                                       |           |                           | REAR EXPOSURE & DISTANCE |   |  |  |  |
| ineyard<br>Burglar Alarm Type   | vineyard                  | CERT               | IFICATE        | #            | -          |                           |            | 1000                                  |           | vineyard<br>EXPIRATION DA | TE C                     | CENTRAL LOCA                                  |  |  |  |
| BURGLAR ALARM INSTALLED AND S   | ERVICED BY                |                    |                |              | EXT        | ENT                       |            | GRAD                                  | E         | #GUARDS / WA              | 1                        | MTH KEYS CLOCK HOURLY                         |  |  |  |
| DEHICLE FIRE SPONGATION (Series   | den Shadaine COSIO        | there is all Count |                |              |            | /                         |            |                                       | 1         | er de andréada prop       |                          | there are trapped a small man are as it are . |  |  |  |
| REMISES FIRE PROTECTION (Sprink   | ucia, audiupipes, 002 / 0 | mennal Syst        | emaj           | % S          | PRNK<br>0  | FIRE ALARM                | vi MAN     | iurauture                             | K.        |                           |                          | LOCAL GONG                                    |  |  |  |
| ADDITIONAL INTEREST   | ACORD 45 atta             | ched for           | additi         | ional name   | s          |                           |            |                                       |           |                           |                          |   |  |  |  |
|   | NAME AND ADDRESS R        | ANK:               | EVIDE          | ENCE: C      | ERTIFIC    | CATE                      |            |                                       |           | 1                         | NTEREST II               | NITEM NUMBER                                  |  |  |  |
| LOSS PAYEE  |                           |                    |                |              |            |                           |            |                                       |           | LOCATION                  | :                        | BUILDING:                                     |  |  |  |
| MORTGAGEE   |                           |                    |                |              |            |                           |            |                                       |           | ITEM<br>CLASS:            |                          | ITEM:   |  |  |  |
|   |                           |                    |                |              |            |                           |            |                                       |           | ITEM DESC                 | RIPTION                  |   |  |  |  |
| F   | REFERENCE / LOAN #        |                    |                |              |            |                           |            |                                       |           |                           |                          |   |  |  |  |

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|   |   |  |           |                 | AGENCY C      | USTOME               | R ID:    |         | SPR            | MO        | U-03                        |          |             | JRYAUDE                         |
|---|---|--|-----------|-----------------|---------------|----------------------|----------|---------|----------------|-----------|-----------------------------|----------|-------------|---------------------------------|
| ADDITIONAL  | PREMISES #: 3                           | PREMISES # 3 STREET ADDRESS: 2849 Spring Mountain Road, St. Helena, CA 94574 |           |                 |               |                      |          |         |                |           |                             |          |             |                                 |
| PREMISES INFORMATION                              | BUILDING # 5                            | BLDG D   | ESCRIPT   | TION: C         | aretaker Ho   |                      | ,        |         |                |           |                             |          |             |                                 |
| SUBJECT OF INSURANCE                              | AMOUNT                                  | COINS %  | VALU-     | CAU             | SES OF LOSS   | INFLATION<br>GUARD % | DE       | D       | DED<br>TYPE    | BLKT<br># | FORMS A                     | AND CO   | NDITI       | ONS TO APPLY                    |
| Building  | 481,                                    | 802  | R         | Speci<br>theft) | al (Including |                      |          | 000     |                |           | Included in                 | n Bla    | nke         | t - Caretaker                   |
| Pueinoss Income with                              |   |  |           | Speci           | al (including |                      |          | -       | _              |           |                             |          | _           |                                 |
| Business Income with<br>Extra Expense and Rental  | 144,                                    | 364  |           | theft)          | al (including |                      |          |         |                |           |                             |          |             |                                 |
|   |   |  |           |                 |               |                      |          | +       |                |           |                             |          |             |                                 |
| ADDITIONAL INFORMATION                            | BUSINESS INCOME /                       | EXTRA EXPEN  | SE - Atta | ch ACC          | DRD 810       |                      | VALUE R  | EPORTI  | NG INFOR       | MATIC     | N - Attach ACO              | RD 811   |             |                                 |
| ADDITIONAL COVERAGES,                             | OPTIONS, REST                           | RICTIONS, E  | ENDOF     | RSEM            | ENTS AND      | RATING I             | NFOR     | OITAN   | N              |           |                             |          |             |                                 |
| SPOILAGE DESCRIPTION OF PRO                       | PERTY COVERED                           |  |           |                 |               | LIMIT                |          |         | REFRIG N       |           | OPTIONS                     |          |             |                                 |
| COVERAGE<br>(Y / N)                               |   |  |           |                 |               | \$ DEDUCTIE          | BLE      |         | AGREEN<br>(Y/N |           | BREAK                       |          | Г           | NTAMINATION<br>SELLING<br>PRICE |
| SINKHOLE COVERAGE (Required in F                  | lorida)                                 |  |           |                 | ACCEPT COVER  | \$<br>AGE            | RE       | ECT CO  | VERAGE         | 1         | LIMIT: \$                   |          |             |                                 |
| MINE SUBSIDENCE COVERAGE (Required in F           |   | wv)  |           |                 | ACCEPT COVER  |                      | _        |         | VERAGE         |           | LIMIT: \$                   |          |             |                                 |
| PROPERTY HAS BEEN DESIGNA                         |   |  |           | - 1             |               |                      |          |         |                |           | FOF OPEN SIDI               | ES ON S  | TRU         | TURE:                           |
| CONSTRUCTION TYPE                                 | DISTANCE<br>HYDRANT FI                  | TO   | FIR       | E DIST          | RICT          | CODE NUI             | WBER     | PROT C  | L #STO         | RIES      | #BASM'TS                    | YR BUIL' | ī   1       | OTAL AREA                       |
| Frame   | 200 <sub>FT</sub>                       | MI   |           |                 |               |                      |          | 5       | 1              |           |                             | 1980     | €           | 000                             |
| BUILDING IMPROVEMENTS                             |   | BLDG CODE<br>GRADE   | TAX       | CODE            | ROOF TYPE     |                      | OTHER    | OCCUP   | ANCIES         |           |                             |          |             |                                 |
|   | JMBING, YR:<br>ATING, YR:               | WIND CLASS   |           | SEI             | COMPOSI*      |                      | HE       | ATING S | SOURCE IN      | ICL W     | OODBURNING                  | DA'      | TE<br>STALL | ED:                             |
| OTHER:  | YR:                                     | RESISTI  | VE        |                 |               |                      | MANUF    | ACTURE  | R:             |           |                             |          |             |                                 |
| PRIMARY HEAT                                      |   |  |           |                 | SECO          | NDARY HE             | AT       |         | ſ              |           |                             |          |             |                                 |
| BOILER SOLID FUEL                                 |   | -  |           |                 |               | BOILER               |          | SOLID   | L              |           | 7                           |          |             |                                 |
| IF BOILER, IS INSURANCE PLACE                     |   | Y/N  |           |                 |               | IF BOILER,           |          |         | LACED EL       | SEWH      |                             | / N      |             |                                 |
| RIGHT EXPOSURE & DISTANCE vineyard                | vineyar                                 | OSURE & DIST.<br>d   | ANCE      |                 | FROI          | NT EXPOSU            | RE & DIS | TANCE   |                |           | REAR EXPOSE<br>vineyard     | JRE & D  | ISTA        | NCE                             |
| BURGLAR ALARM TYPE                                | *************************************** |  | IFICATE   | #               |               |                      |          |         |                |           | RATION DATE                 |          | CENT        |                                 |
| DONGLAN ALPONII (1) L                             |   | OZIC!  | II IOAIL  |                 |               |                      |          |         |                |           |                             |          | TATE        | ON GONG<br>KEYS                 |
| BURGLAR ALARM INSTALLED AND SI                    | GLAR ALARM INSTALLED AND SERVICED BY    |  |           | EXTENT          |               |                      |          |         | DE             | #GL       | # GUARDS / WATCHMEN         |          |             | CLOCK HOURLY                    |
|   | lers, Standpipes, CO2                   | Chemical Syst  | ems)      |                 | % SPRNK       | FIRE ALARI           | M MANUF  | ACTUR   | ER             |           |                             |          |             | CENTRAL STATION                 |
| PREMISES FIRE PROTECTION (Sprink                  |   |  |           |                 | 0             |                      |          |         |                |           |                             |          |             | LOCAL GONG                      |
| PREMISES FIRE PROTECTION (Sprink                  |   |  | additio   | onal r          | names         |                      |          |         |                |           |                             |          |             |                                 |
|   | ACORD 45 at                             | tached for   | uu u i u  |                 |               |                      |          |         |                |           |                             |          |             | NUMBER                          |
| ADDITIONAL INTEREST                               | ACORD 45 at                             |  | EVIDE     |                 | CERTIFIC      | ATE                  |          |         |                |           | INTE                        | REST I   | ITE         |                                 |
| ADDITIONAL INTEREST                               |   |  |           |                 | CERTIFIC      | ATE                  |          |         |                |           | LOCATION:                   | REST II  |             | JILDING:                        |
| ADDITIONAL INTEREST NITEREST N                    |   |  |           |                 | CERTIFICA     | ATE                  |          |         |                |           | LOCATION:<br>ITEM<br>CLASS: |          | В           |                                 |
| ADDITIONAL INTEREST NUMBERS NAME NO.              |   |  |           |                 | CERTIFIC      | ATE                  |          |         |                |           | LOCATION:                   |          | В           | JILDING:                        |
| ADDITIONAL INTEREST INTEREST LOSS PAYEE MORTGAGEE |   |  |           |                 | CERTIFIC      | ATE                  |          |         |                |           | LOCATION:<br>ITEM<br>CLASS: |          | В           | JILDING:                        |

| SIGNATURE | AGENCY CUSTOMER ID: | SPRIMOU-03 | JRYAUDES |
|-----------|---------------------|------------|----------|
|           |                     |            |          |

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Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

# Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

| PRODUCER'S SIGNATURE Q.C.X. | PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC | STATE PRODUCER LICENSE NO<br>(Required in Florida) |                          |
|-----------------------------|--|--|--------------------------|
| APPLICANT'S SIGNATURE       |  | DATE   | NATIONAL PRODUCER NUMBER |

|  |  |                      |                | AGEN                      | ICY C  | USTOME                        | R ID:  |           | SPRIN  | 10U-03                 |  | JRYAUDE   |
|--|--|----------------------|----------------|---------------------------|--------|-------------------------------|--------|-----------|--|------------------------|--|---|
| ACORD  | ęs.                                    |                      |                | PERTY                     | _      | _                             | N      |           |  |                        |  | DATE (MM/DD/YYYY)<br>05/15/2020   |
| AGENCY NAME  |  | ı                    | _icens         | e#072629                  | 3 CA   | RRIER                         |        |           |  |                        |  | NAIC CODE   |
| Arthur J. Gallagher & Co. I  | nsurance Broker                        | of CA.               | , Inc.         |                           | Chu    | ubb Limit                     | ted    |           |  |                        |  |   |
| POLICY NUMBER  |  |                      |                | FECTIVE DATE<br>6/01/2020 |        | IED INSURED                   |        | Vineya    | rd, Inc.   |                        |  |   |
| BLANKET SUMMARY  |  |                      |                |                           |        | .W                            |        |           |  |                        |  |   |
| BLKT# AMOUNT   |  | TYPE                 |                |                           | BLK    | Т# .                          | AMOUNT | T         |  |                        | TYPE   |   |
| 1 30,438,778 SC  | DI: B                                  |                      |                |                           | 3      |                               | 2,88   | 7,279     | SOI: BU  | ISER                   |  |   |
| 2 6,174,543 SC   | DI: PP                                 |                      |                |                           |        |                               |        |           |  |                        | 3  |   |
|  | PREMISES#3                             | STREET               | ADDRE          | ss: 2849 Sp               | ring ! | Vountain                      | Road,  | , St. He  | lena, CA   | 94574                  |  |   |
| PREMISES INFORMATION   | BUILDING # 6                           |                      |                | ION: Guest                | Hous   |                               |        |           |  |                        |  |   |
| SUBJECT OF INSURANCE   | AMOUNT                                 | COINS %              | VALU-<br>ATION | CAUSES OF                 |        | INFLATION<br>GUARD            | DE     | D 1       | DED BL   |                        |  | DITIONS TO APPLY  |
| Building   | 419,174                                |                      | R              | Special (Incl<br>trieft)  | uding  |                               | 10     | ,000      |  | House                  | d in Blan  | ket - Guest   |
| B <mark>usiness Income with</mark><br>Ex <mark>tra Expense and Rental</mark> | 144,364                                |                      |                | Special (incl<br>theft)   | uding  |                               |        |           |  |                        |  |   |
|  |  |                      |                |                           |        | and an analysis of the second |        |           | al analysis and a second a second and a second a second and a second a second and a second a second a second a second a second and a second a second a second a second and a s |                        | Beldermone alsolid in an alsolid in the selection and a select |   |
| ADDITIONAL INFORMATION   | BUSINESS INCOME / EXT                  | RA EXPENS            | E - Atta       | ch ACORD 810              |        | V                             | ALUE R | EPORTING  | G INFORMA  | TION - Attach A        | CORD 811   |   |
| ADDITIONAL COVERAGES.  | OPTIONS RESTRIC                        | TIONS F              | NDOF           | SEMENTS                   | ΔND    | RATING I                      | VEORI  | MATION    | 1  |                        |  |   |
| SPOILAGE COVERAGE (Y/N)  | PERTY COVERED                          |                      |                |                           |        | \$ DEDUCTIBES                 | LE     |           | REFRIG MA<br>AGREEMEI<br>(Y / N)   | NT BRE                 | AKDOWN OF  | CONTAMINATION SELLING PRICE   |
| SINKHOLE COVERAGE (Required in F   | lorida)                                |                      |                | ACCEPT                    | COVER  | RAGE                          | REJ    | ECT COV   | ERAGE  | LIMIT: \$              |  |   |
| MINE SUBSIDENCE COVERAGE (Regu   | ###################################### |                      |                | ACCEPT                    | COVER  | RAGE                          | REJ    | JECT COVI | ERAGE  | LIMIT: \$              | MAN AT TIMES WITH A BUTCH  | A ANY TRANSPORTED BY A PROPERTY OFFICE AND ALL THE PARTY OF THE PARTY |
| PROPERTY HAS BEEN DESIGNAT   | TED AN HISTORICAL LAND                 | DMARK                |                |                           |        |                               |        |           |  | #OF OPEN               | SIDES ON ST  | RUCTURE:  |
| CONSTRUCTION TYPE  | DISTANCE TO HYDRANT FIRE               | STAT                 | FIR            | E DISTRICT                |        | CODE NUN                      | BER    | PROT CL   | #STORII  | ES #BASM'TS            | YR BUILT   | TOTAL AREA  |
| Frame  | 200 FT                                 | MI<br>DG CODE        |                |                           |        | -                             |        |           | -  |                        | 1940   | 400   |
| BUILDING IMPROVEMENTS  WRING, YR: PLU  | MBING, YR:                             | GRADE                | TAX            | COM                       |        |                               |        | OCCUPAN   |  |                        |  |   |
| ROOFING, YR: HEA   | ATING, YR: WI                          | ND CLASS<br>RESISTIV | Æ              | SEMI- RESI                | STIVE  |                               | I ST   | OVE OR F  | IREPLACE   | L WOODBURNII<br>INSERT | NG DATI  | E<br>ALLED:   |
| PRIMARY HEAT   | parameter at the A                     |                      |                |                           | SEC    | ONDARY HEA                    | AT     |           | De como  | 15                     |  |   |
| BOILER SOLID FUEL  | -                                      |                      |                |                           |        | BOILER                        |        | SOLID FL  | JEL  |                        |  |   |
| IF BOILER, IS INSURANCE PLACE  | ED ELSEWHERE?                          | /N                   |                |                           | 1      | IF BOILER, IS                 | SINSUR | RANCE PLA | ACED ELSE  | WHERE?                 | Y/N  |   |
| RIGHT EXPOSURE & DISTANCE<br>rineyard  | vineyard                               | IRE & DISTA          | NCE            |                           | FRO    | NT EXPOSUR                    | E&DIS  | TANCE     |  | REAR EXP               | OSURE & DIS  | STANCE  |
| BURGLAR ALARM TYPE   |  | CERTI                | FICATE         | #                         |        |                               |        |           |  | EXPIRATION DA          | S  | ENTRAL LOCAL<br>FATION GONG   |
| BURGLAR ALARM INSTALLED AND SE   | ERVICED BY                             |                      |                |                           | EXT    | ENT                           |        | GRAD      | Ε 1  | #GUARDS / WA           |  | CLOCK HOURLY  |
| PREMISES FIRE PROTECTION (Sprinkl  | ers, Standpipes, CO2 / Che             | emical Syste         | ms)            | % SF                      | RNK 0  | FIRE ALARM                    | MANUF  | FACTURE   | ?  |                        | - Party spatial distances  | CENTRAL STATION   |
| ADDITIONAL INTEREST  | ACORD 45 attac                         | hed for a            |                | 1                         |        |                               |        |           |  |                        | - 1  |   |
| NTEREST N  | AME AND ADDRESS RAI                    | łK:                  | EVIDE          | NCE: CE                   | RTIFIC | ATE                           |        |           |  | - 1                    | NTEREST IN   | ITEM NUMBER   |
| LOSS PAYEE   |  |                      |                |                           |        |                               |        |           |  | LOCATION               | *  | BUILDING:   |
| MORTGAGEE  |  |                      |                |                           |        |                               |        |           |  | CLASS:                 | RIPTION  | ITEM:   |
| R  | EFERENCE / LOAN #                      |                      |                |                           |        |                               |        |           |  |                        |  |   |

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| PREMISES INFORMATION SUBJECT OF INSURANCE Business Income with Extra Expense and Rental  ADDITIONAL INFORMATION BUSI ADDITIONAL COVERAGES, OPTI SPOILAGE DESCRIPTION OF PROPERTY   | 144,364                        |                | SCRIPTION VALU- | s: 1150 Dow<br>DN: Wine St<br>CAUSES OF LO<br>Special (Inclu-<br>Hert) | orage IN |                             |          |                     | 4574<br>ED BLI<br>PE # | FOR           | RMS AND CO                              |         | TIONS TO APPLY      |
|--|--------------------------------|----------------|-----------------|--|----------|-----------------------------|----------|---------------------|------------------------|---------------|---|---------|---------------------|
| PREMISES INFORMATION SUBJECT OF INSURANCE Business Income with Extra Expense and Rental  ADDITIONAL INFORMATION SPOILAGE DESCRIPTION OF PROPERTY SPOILAGE BUSINESS INFORMATION BU | 144,364                        |                | VALU-<br>ATION  | CAUSES OF L  | oss IN   | Wine C<br>FLATION<br>UARD % |          | P                   | ED BLH                 | FOR           |   |         |                     |
| ADDITIONAL INFORMATION  ADDITIONAL COVERAGES, OPTI- SPOILAGE  BUSINGS  BUSI | 144,364                        |                | VALU-<br>ATION  | CAUSES OF L  | oss IN   | FLATION<br>UARD %           |          | P                   | ED BLH                 | FOR           |   |         |                     |
| ADDITIONAL INFORMATION BUSI ADDITIONAL COVERAGES, OPTI SPOILAGE DESCRIPTION OF PROPERTY  | 144,364                        |                | 794             | Special (Inclu<br>rieft)   | ding     |                             |          |                     |                        |               | ed in Bla                               | anko    | et                  |
| ADDITIONAL INFORMATION BUSI ADDITIONAL COVERAGES, OPTI SPOILAGE DESCRIPTION OF PROPERTY  |                                |                |                 |  |          |                             |          |                     |                        |               |   |         |                     |
| ADDITIONAL COVERAGES, OPTI- SPOILAGE DESCRIPTION OF PROPERTY   |                                |                |                 |  |          |                             |          |                     |                        |               |   |         |                     |
| ADDITIONAL COVERAGES, OPTI- SPOILAGE DESCRIPTION OF PROPERTY   |                                |                |                 |  |          |                             |          | +                   |                        |               |   |         |                     |
| ADDITIONAL COVERAGES, OPTI- SPOILAGE DESCRIPTION OF PROPERTY   |                                |                |                 |  |          |                             |          | 1                   |                        |               |   |         |                     |
| ADDITIONAL COVERAGES, OPTI- SPOILAGE DESCRIPTION OF PROPERTY   |                                |                |                 |  |          |                             |          |                     |                        |               |   |         |                     |
| ADDITIONAL COVERAGES, OPTI- SPOILAGE DESCRIPTION OF PROPERTY   |                                |                |                 |  |          |                             |          |                     |                        |               |   |         |                     |
| ADDITIONAL COVERAGES, OPTI- SPOILAGE DESCRIPTION OF PROPERTY   |                                |                |                 |  |          |                             |          |                     |                        |               |   |         |                     |
| ADDITIONAL COVERAGES, OPTI-<br>SPOILAGE DESCRIPTION OF PROPERTY  |                                |                |                 |  |          |                             |          |                     |                        |               |   |         |                     |
| ADDITIONAL COVERAGES, OPTI-<br>SPOILAGE DESCRIPTION OF PROPERTY  | UEON INCOME LEVEN              |                |                 |  |          |                             |          |                     |                        |               |   |         |                     |
| ADDITIONAL COVERAGES, OPTI-<br>SPOILAGE DESCRIPTION OF PROPERTY  | UTOO INGOME LEVED              |                |                 |  |          |                             |          |                     |                        |               |   |         |                     |
| ADDITIONAL COVERAGES, OPTI-<br>SPOILAGE DESCRIPTION OF PROPERTY  |                                | A EXPENS       | SE - Attac      | h ACORD 810  | _        | VA                          | LUE REE  | ORTING              | INFORMA                | TION - Attach | ACORD 81                                | 1       |                     |
| SPOILAGE DESCRIPTION OF PROPERTY   |                                |                |                 |  | ND DA    |                             |          |                     | THE STERNEY            | 11011 7100011 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | _       |                     |
| 0. 0.0.  |                                | ONO, E         | NDOR            | SEMIEM 13 P  |          | MIT                         | OKIVIA   |                     |                        | NT OPTION     | e                                       |         |                     |
| COVERAGE   | OOVENED                        |                |                 | \$   |          |                             |          | FRIG MAI<br>GREEMEN | T -                    | ONTAMINATION  |   |         |                     |
| (Y / N)  |                                |                |                 |  | -        | EDUCTIBLE                   |          | -                   | (Y / N)                |               | SELLING                                 |         |                     |
|  |                                |                |                 |  |          | EDUCTIBLE                   |          |                     |                        | PO            | PRICE                                   |         |                     |
| SINKHOLE COVERAGE (Bassissed in El aldri   |                                |                | 1               | ACCEPT   | \$       | _                           | De       | T 601 (F            | BACE                   | I ISAIT: A    |   |         |                     |
| SINKHOLE COVERAGE (Required in Florida)  |                                |                | -               | ACCEPT   |          | -                           | 1        | T COVE              |                        | LIMIT: \$     |   |         |                     |
| MINE SUBSIDENCE COVERAGE (Required in  |                                | LADIC          |                 | ACCEPT (   | OVERAC   | ·= }                        | KEJEC    | CT COVE             | KAGE                   | LIMIT: \$     | IOTUDE:                                 |         |                     |
| PROPERTY HAS BEEN DESIGNATED A   | N HISTORICAL LANDIN            | IARK           |                 |  |          |                             |          |                     |                        | # OF OPE      | 4 SIDES ON                              | STRU    | JCTURE:             |
|  |                                |                |                 |  |          |                             |          |                     |                        |               |   |         |                     |
|  |                                |                |                 |  |          |                             |          |                     |                        |               |   |         |                     |
| CONSTRUCTION TYPE  | DISTANCE TO<br>HYDRANT FIRE ST | АТ             | FIRE            | DISTRICT   | 0        | ODE NUME                    | ER P     | ROT CL              | #STORIE                | S # BASM'T    | S YR BU                                 | LT      | TOTAL AREA          |
| concrete block   | FT                             | MI             |                 |  |          |                             |          |                     | 2                      |               | 197                                     | 6       | 182,000             |
| BUILDING IMPROVEMENTS  | BLD                            | G CODE<br>RADE | TAX C           | ODE ROOF 1   | YPE      | 0                           | THER O   | CUPAN               | CIES                   |               |   |         |                     |
| WRING, YR: PLUMBIN   |                                | 1400           |                 | ALPH   | ALT      | w                           | ine stor | age blo             | g.                     |               |   |         |                     |
| ROOFING, YR: HEATING   | MATTER                         | D CLASS        |                 | SEMI- RESIS  | TIVE     |                             | HEAT     | ING SOL             | JRCE INCL              | WOODBURI      | VING D                                  | ATE     | LED:                |
| OTHER: YE  |                                | RESISTI        | VE              |  |          | N                           | IANUFAC  |                     | REFLACE                | INGERT        | "                                       | NOIM    | LED.                |
| PRIMARY HEAT   |                                |                |                 |  | SECON    | DARY HEAT                   |          |                     |                        |               |   |         |                     |
| BOILER SOLID FUEL  |                                |                |                 |  | BC       | ILER                        | 8        | OLID FU             | EL                     |               |   |         |                     |
| IF BOILER, IS INSURANCE PLACED ELS   | SEWHERE? Y/                    | N              |                 |  | IF       | BOILER, IS                  | INSURAN  | ICE PLA             | CED ELSE               | WHERE?        | YIN                                     |         |                     |
| RIGHT EXPOSURE & DISTANCE  | LEFT EXPOSUR                   | E & DIST       | ANCE            |  | FRONT    | EXPOSURE                    | & DISTA  | NCE                 |                        | REAR EX       | POSURE &                                | DIST    | ANCE                |
|  |                                |                |                 |  |          |                             |          |                     |                        |               |   |         |                     |
| BURGLAR ALARM TYPE   |                                | CERT           | IFICATE #       | *  |          |                             |          |                     | E                      | XPIRATION (   | DATE                                    |         | TRAL LOCAL          |
|  |                                |                |                 |  |          |                             |          |                     |                        |               |   |         | TION GONG<br>H KEYS |
| BURGLAR ALARM INSTALLED AND SERVICE  | ED BY                          | 1              |                 |  | EXTENT   |                             |          | GRADE               |                        | GUARDS / W    | /ATCHMEN                                | 4411    | CLOCK HOURLY        |
|  |                                |                |                 |  |          |                             |          |                     |                        |               |   |         |                     |
| PREMISES FIRE PROTECTION (Sprinklers, S  | tandpipes, CO2 / Chen          | nical Syst     | ems)            | % SPF  | RNK FI   | RE ALARM I                  | MANUFA   | CTURER              |                        |               |   | +       | CENTRAL STATION     |
| Wet  |                                |                | ·               | 10   |          |                             |          |                     |                        |               |   |         | LOCAL GONG          |
| ADDITIONAL INTEREST A  | CODD 45 attach                 | ad for         | oddi4:-         | _  |          |                             |          |                     |                        |               |   |         | 200/12 30/10        |
|  | CORD 45 attach                 |                | EVIDEN          |  | RTIFICAT | E                           |          |                     |                        | 1             | INITERACT                               | 10.6.45 | Pak by jagper       |
| LOSS PAYEE   | RESILES IMIN                   |                | _ 100           | VEI  | OAT      |                             |          |                     |                        | 10000         |   |         | EM NUMBER           |
| MORTGAGEE  |                                |                |                 |  |          |                             |          |                     |                        | LOCATIO       | ON:                                     |         | BUILDING:           |
| MONTGAGEE  |                                |                |                 |  |          |                             |          |                     |                        | CLASS:        | CODIDTIO                                |         | ITEM:               |
|  |                                |                |                 |  |          |                             |          |                     |                        | I EM DE       | SCRIPTION                               |         |                     |
|  | ENDE (LOC)                     |                |                 |  |          |                             |          |                     |                        |               |   |         |                     |
| REMARKS (ACORD 101, Addit  | ENCE / LOAN #:                 |                |                 |  |          |                             |          |                     |                        |               |   |         |                     |

X

SIGNATURE AGENCY CUSTOMER ID: SPRIMOU-03 JRYAUDES

# Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

#### Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

# Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

# Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto commits a fraudulent insurance act.

# Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

#### Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

# Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

# Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

# Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a fetony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

| PRODUCER'S SIGNATURE  | 2001 | PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC |      | STATE PRODUCER LICENSE NO<br>(Required in Florida) |
|-----------------------|------|--|------|--|
| APPLICANT'S SIGNATURE |      |  | DATE | NATIONAL PRODUCER NUMBER                           |
|                       |      |  |      |  |

|  | •          |                             |           |          |         | 4                | AGENO     | CY CI  | USTOME               | R ID:      |                  | SPR                 | IMO        | U-03                      |            |                                | JRYAU              | DE |
|--|------------|-----------------------------|-----------|----------|---------|------------------|-----------|--------|----------------------|------------|------------------|---------------------|------------|---------------------------|------------|--------------------------------|--------------------|----|
| ACORI                                      | 0          |                             |           |          |         |                  |           |        | CTIC                 | N          |                  |                     |            |                           | V          |                                | M/DD/YYY<br>5/2020 |    |
| GENCY NAME                                 | Co. In     | aurianaa Brak               | 0 TE 06   |          |         | e#07             | 26293     | 1      | RRIER                | tod        |                  |                     |            |                           | Δ1         | 1                              | IAIC CODI          | Ē  |
| urthur J. Gallagher & (                    | CO. In:    | surance Brok                | ers or    | CA., I   |         |                  |           |        | bb Limi              |            |                  |                     |            |                           |            |                                | ,                  |    |
| DENTHUMBER                                 |            |                             |           |          |         | 3/01/2           |           |        | ng Mou               |            | Viney            | ard, In             | C.         |                           |            |                                |                    |    |
| LANKET SUMMARY                             |            |                             |           |          |         |                  |           |        |                      |            |                  |                     |            |                           |            |                                |                    |    |
| LKT# AMOUNT                                | e col      | D                           | TYPE      |          |         |                  |           | BLKT   | T#                   | AMOL       |                  | eou l               | DHE        | ED                        | TYPE       |                                |                    |    |
| 30,438,778<br>6,174,543                    |            |                             |           |          |         |                  |           | 3      |                      | 2,0        | 87,279           | 301. 1              | 003        | ER                        |            |                                | _                  | _  |
| 0,114,040                                  | 0 001      | PREMISES#:5                 | ST        | REET AD  | DRES    | S: 282           | n Spri    | ina A  | lountain             | Dd         | St Hol           | ona C               | 0.044      | 57A                       |            |                                |                    | _  |
| REMISES INFORMATI                          | ION        | BUILDING# 1                 |           | DG DES   | ** / ** |                  |           | , m.,  | in a stone           | 2 2 7 m vi | OL HEI           | cite, or            | . v        | 2.3                       |            |                                |                    |    |
| SUBJECT OF INSURANCE                       |            | AMOUNT                      | -         |          | ALU-    |                  | ES OF L   |        | INFLATION<br>GUARD % | 4          | DED              | DED                 | BLKT       | FORM                      | S AND CO   | IDITIONS                       | TO APPLY           | ,  |
| uilding                                    |            | 2,742,0                     | 068       | F        |         | Specia           | il (Inclu |        |                      |            | 0,000            |                     |            | Included                  | in Bla     | rket-M                         | ain Ho             | JS |
| valuaca lucavia with                       |            | ,-                          |           |          |         |                  |           |        |                      |            |                  |                     |            |                           |            |                                |                    | _  |
| usiness Income with<br>xtra Expense and Re | ntal       | 144,                        | 364       |          |         | Specia<br>Uleit) | il (Inclu | wing   |                      |            |                  |                     |            |                           |            |                                |                    |    |
|  |            |                             |           |          |         |                  |           |        |                      |            |                  |                     |            |                           |            |                                |                    |    |
|  |            |                             | -         |          |         |                  |           |        |                      |            |                  |                     | Į.         |                           |            |                                |                    |    |
| DDITIONAL INFORMATION                      | В          | USINESS INCOME /            | EXTRA E   | XPENSE   | - Attac | ch ACOI          | RD 810    |        |                      | VALU       | E REPORTI        | NG INFOR            | RMATI      | ON - Attach A             | CORD 811   |                                |                    |    |
| DDITIONAL COVERAG                          | ES, OF     | TIONS, REST                 | RICTION   | IS, EN   | DOR     | SEME             | ENTS A    | AND    | RATING               | INFO       | RMATIO           | N                   |            |                           |            |                                |                    |    |
| SPOILAGE DESCRIPTION OF                    | F PROPE    | ERTY COVERED                |           |          |         |                  |           |        | LIMIT                |            |                  | REFRIG              |            |                           |            |                                |                    |    |
| (Y / N)                                    |            |                             |           |          |         |                  |           |        | \$                   |            |                  | (YI                 |            | BREAKDOWN OR CONTAMINATIO |            |                                |                    |    |
|  |            |                             |           |          |         |                  |           |        | DEDUCTII             | RLE        |                  |                     |            | POW                       | AHR OUTAG  | t                              | PRICE              |    |
| INKHOLE COVERAGE (Require                  | ed in Flor | rida)                       |           |          |         | IA               | CCEPT     | COVER  | -                    | 2.5        | EJECT CO         | VERAGE              |            | LIMIT: S                  |            |                                |                    | _  |
| INE SUBSIDENCE COVERAGE                    |            | magazini il desputagazini i | WV)       |          |         | A                | CCEPT     | COVER  | RAGE                 | F          | EJECT CO         | VERAGE              |            | LIMIT: \$                 | ***        |                                |                    |    |
| PROPERTY HAS BEEN DES                      | SIGNATE    | D AN HISTORICAL L           | ANDMAR    | K        |         |                  |           |        |                      |            |                  |                     |            | # OF OPEN                 | SIDES ON S | TRUCTUR                        | E:                 |    |
| CONSTRUCTION TYPE                          |            | DISTANCE                    | TO        |          | PID     | E DIOTE          | NOT.      |        |                      |            | DEOT (           | y                   | ODICC      | #BASM'TS                  | YR BUIL    | T TATE                         |                    |    |
| rame                                       |            | HYDRANT F                   | RE STAT   |          | FIR     | E DISTR          | RIC1      |        | CODE NU              | MBER       | PROT C           | 1                   | ories<br>1 | # DASW 15                 | 1972       |                                | L AREA             |    |
| UILDING IMPROVEMENTS                       |            | FT                          | BLDG C    |          | TAXC    | ODE              | ROOF      | TYPE   | 1                    | ОТН        | ER OCCUP         | ANCIES              | _          | _                         |            | , -,                           | -                  | _  |
| WIRING, YR:                                | PLUM       | BING, YR:                   | GRA       | DE       |         |                  | COME      | POSI   | Т                    | Resi       | dence            |                     |            |                           |            |                                |                    |    |
| ROOFING, YR:                               | HEAT       | ING, YR:                    | WIND C    | LASS     |         | SEM              | 4- RESIS  | STIVE  |                      | 1          | HEATING STOVE OF | SOURCE<br>R FIREPLA | INCL V     | NOODBURNI<br>ISERT        | NG DA      | TE<br>STALLED:                 |                    |    |
| OTHER:                                     |            | YR:                         | RE        | SISTIVE  |         |                  |           |        |                      | 1          | UFACTURI         | ER:                 |            |                           |            |                                |                    |    |
| RIMARY HEAT                                |            |                             |           |          |         |                  |           |        | ONDARY HE            | EAT        | 1                |                     | ,          |                           |            |                                |                    |    |
| BOILER SOLI                                | D FUEL     | EI COVALEDES                | Y/N       |          |         |                  |           | -      | BOILER<br>IF BOILER, | IC INC     | SOLID            |                     | C CCM      | NCDE3                     | Y/N        |                                |                    |    |
| RIGHT EXPOSURE & DISTANCE                  |            | LEFT EXF                    | 1         | DISTAN   | VCE     |                  |           | _      | NT EXPOSU            |            |                  |                     | LOLVE      | _                         | OSURE & D  | ISTANCE                        |                    |    |
| ineyard                                    |            | Garden                      | Vineya    | rd       |         |                  |           |        |                      |            |                  |                     |            | Vineyard                  |            |                                |                    |    |
| BURGLAR ALARM TYPE<br>Burglar              |            |                             |           | CERTIF   | CATE    | #                |           |        |                      |            | A Apparature and |                     | EX         | PIRATION DA               | 1          | CENTRAL<br>STATION<br>WITH KEY | G                  | OC |
| BURGLAR ALARM INSTALLED                    | AND SER    | VICED BY                    |           |          |         |                  |           | EXT    | ENT                  |            | GR               | ADE                 | #6         | SUARDS / WA               | TCHMEN     | CLC                            | CK HOUR            | LY |
| DEMICES FIDE SPATEATION (                  | Capiald-   | re Standmines COS           | Chemic    | d Cunter | nel     |                  | T         |        |                      | 984 850    |                  |                     |            |                           |            |                                |                    |    |
| REMISES FIRE PROTECTION (                  |            |                             | , vaeance | oysten   | 113)    |                  | % SP      | RNK I  | FIRE ALAR            | ans rea    | NUPACTUR         | ICR.                |            |                           |            |                                | NTRAL STA          |    |
| ADDITIONAL INTERES                         |            | ACORD 45 at                 | tached    | for 2    | dditi.  | onal =           | amos      | -      |                      |            |                  |                     | -          |                           |            | LOC                            | AL GUNG            | _  |
| NTEREST                                    | - 1        | ME AND ADDRESS              |           |          | EVIDE   |                  |           | RTIFIC | ATE                  |            |                  |                     |            |                           | NTEREST I  | N ITEM MI                      | MBER               |    |
| LOSS PAYEE                                 |            |                             |           |          |         |                  |           |        |                      |            |                  |                     |            | LOCATION                  |            | BUILD                          |                    |    |
| MORTGAGEE                                  |            |                             |           |          |         |                  |           |        |                      |            |                  |                     |            | ITEM<br>CLASS:            | -          | ITEM:                          |                    |    |
|  |            |                             |           |          |         |                  |           |        |                      |            |                  |                     |            | ITEM DESC                 | CRIPTION   |                                |                    |    |
|  |            |                             |           |          |         |                  | -         |        |                      |            |                  |                     |            |                           |            |                                |                    |    |
|  | RE         | FERENCE / LOAN #            |           |          |         |                  |           |        |                      |            |                  |                     |            |                           |            |                                |                    |    |

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|   | -                      | 7            |           |          |                  | AGENCY        |           |         |         |               |           | U-03                |                  |              |                 | RYAUDI                 |
|---|------------------------|--------------|-----------|----------|------------------|---------------|-----------|---------|---------|---------------|-----------|---------------------|------------------|--------------|-----------------|------------------------|
| ADDITIONAL  | PREMISES # 5           |              |           |          | _                | 20 Spring     |           |         | St H    | elena, C.     | A 94      | 574                 |                  |              |                 |                        |
| PREMISES INFORMATIO                                 | N BUILDING # 2         |              |           |          |                  | aretaker l    | Residence | e       |         | DED           | DIVI      |                     |                  |              |                 |                        |
| SUBJECT OF INSURANCE                                | AMOUN'                 | г со         | INS %     |          |                  | ES OF LOSS    | GUARD     | % [     | DED     | DED<br>TYPE   | BLKT<br># | I OINE              |                  |              | IONS TO         |                        |
| Building  | 1,01                   | 2,838        |           | R        | ,                | ıl (Including |           | 1       | 0,000   |               |           | Included<br>Residen | in Bla           | anke         | et-Care         | etake                  |
| Business Income with<br>Extra Expense and Rent      | tal 14                 | 4,364        |           |          | Specia<br>theft) | ıl (Including |           |         | 0       |               |           |                     |                  |              |                 |                        |
|   |                        |              |           |          |                  |               |           |         |         |               |           |                     |                  |              |                 |                        |
| ADDITIONAL INFORMATION                              | BUSINESS INCOM         | E / EXTRA E  | XPENSE    | E - Atta | ch ACO           | RD 810        |           | VALUE   | REPOR   | TING INFO     | RMATI     | ON - Attach AC      | CORD 81          | 1            |                 |                        |
| ADDITIONAL COVERAGES                                | S, OPTIONS, RES        | TRICTIO      | NS, EN    | NDOF     | RSEME            | ENTS AND      | RATING    | INFO    | RMAT    | ON            |           | 4                   |                  |              |                 |                        |
| OI OILHOL   | ROPERTY COVERED        |              |           |          |                  |               | LIMIT     |         |         | REFRIG        |           | OPTIONS             |                  |              |                 |                        |
| COVERAGE<br>(Y / N)                                 |                        |              |           |          |                  |               | \$ DEDUCT | IBLE    |         | AGREE<br>(Y / |           |                     | KDOWN<br>ER OUTA |              |                 | ATION<br>LLING<br>LICE |
|   | - MI14-1               |              |           | _        |                  | 00555 0015    | \$        | 1 10    | FIFOT   | 10)/ED40E     |           | LIBRIT. P           |                  |              |                 |                        |
| SINKHOLE COVERAGE (Required i                       |                        | -4 140.0     |           | _        |                  | CCEPT COVE    |           |         |         | OVERAGE       |           | LIMIT: \$           |                  |              |                 |                        |
| MINE SUBSIDENCE COVERAGE (R PROPERTY HAS BEEN DESIG |                        |              | al.       |          | A                | CCEPT COVE    | RAGE      | R       | EJEUI ( | OVERAGE       |           | # OF OPEN S         | DES ON           | CTD          | CTURE.          |                        |
| CONSTRUCTION TYPE                                   | DISTAN<br>HYDRANT      | CE TO        |           | FIR      | RE DISTF         | RICT          | CODE N    | UMBER   | PROT    |               |           | #BASM'TS            | YR BUI           | - 1          | TOTAL A         | REA                    |
| Frame   | F                      | MI           |           |          |                  |               |           |         | 5       |               | 2         | 0                   | 1980             | 0            | 2,000           |                        |
| BUILDING IMPROVEMENTS                               |                        | BLDG C       | DE        | TAX      |                  | ROOF TYPE     | _         |         |         | PANCIES       |           |                     |                  |              |                 |                        |
| WRING, YR:  | PLUMBING, YR:          |              |           |          |                  | COMPOS        | IT        |         | ward c  |               | 10.100    | on annument         | 0 5              | ×==          |                 |                        |
| ROOFING, YR:  | HEATING, YR:           | WINDC        | LASS      |          | SEN              | II- RESISTIVE |           |         | STOVE   | R FIREPL      | ACE IN    | VOODBURNIN<br>SERT  | G D              | ATE<br>ISTAL | l.ED:           |                        |
| OTHER:  | YR:                    | RE           | ESISTIVE  | E        |                  |               |           | 1       | JFACTU  | RER:          |           |                     |                  |              |                 |                        |
| PRIMARY HEAT  |                        |              |           |          |                  | SE            | CONDARY H | EAT     | _       |               |           |                     |                  |              |                 |                        |
| BOILER SOLID F                                      |                        |              |           |          |                  |               | BOILER    |         |         | D FUEL        |           |                     |                  |              |                 |                        |
| IF BOILER, IS INSURANCE PLA                         |                        | Y/N          |           |          |                  |               |           |         |         | PLACED E      | LSEW      |                     | Y/N              |              | . b. a district |                        |
| RIGHT EXPOSURE & DISTANCE<br>vineyard               | viney                  | exposure a   | & DISTAI  | NCE      |                  | FR            | ONT EXPOS | URE & D | ISTANC  | E             |           | vineyard            |                  |              |                 | 1.004                  |
| BURGLAR ALARM TYPE                                  |                        |              | CERTIF    | ICATE    | #                |               |           |         |         |               | EXI       | PIRATION DAT        | E                | STA          | TRAL<br>FION L  | LOCA                   |
| BURGLAR ALARM INSTALLED AND                         | SERVICED BY            |              |           |          |                  | EX            | TENT      |         | GI      | RADE          | #G        | UARDS / WAT         | CHMEN            |              | CLOCK           | HOURLY                 |
| PREMISES FIRE PROTECTION (Spr                       | inklers, Standpipes, C | O2 / Chemica | al Syster | ns)      |                  | % SPRNK       | FIRE ALA  | RM MAN  | UFACTU  | IRER          |           |                     |                  |              | CENTR.          | AL STATIO<br>GONG      |
| ADDITIONAL INTEREST                                 | ACORD 45               |              |           |          |                  | -             |           |         |         |               |           |                     |                  |              |                 |                        |
| INTEREST  | NAME AND ADDRES        | S RANK:      |           | EVIDE    | NCE:             | CERTIFI       | CATE      |         |         |               |           |                     |                  |              | EM NUMB         |                        |
| LOSS PAYEE  |                        |              |           |          |                  |               |           |         |         |               |           | LOCATION:           |                  |              | BUILDING        |                        |
| MORTGAGEE   |                        |              |           |          |                  |               |           |         |         |               |           | ITEM<br>CLASS:      |                  | 1            | TEM:            |                        |
|   |                        |              |           |          |                  |               |           |         |         |               |           | ITEM DESCR          | RIPTION          |              |                 |                        |
|   | REFERENCE / LOAN       | 44.          |           |          | _                |               |           |         |         |               |           |                     |                  |              |                 |                        |
|   |                        |              |           |          |                  | 44 1 11       |           |         |         |               |           |                     |                  |              |                 |                        |
| REMARKS (ACORD 101.                                 | Additional Rem         | arks Sch     | redule    | e, ma    | y be a           | ttached i     | more s    | pace is | s requ  | ired)         |           |                     |                  |              |                 |                        |
|   |                        |              |           |          |                  |               |           |         |         |               |           |                     |                  |              |                 |                        |
|   |                        |              |           |          |                  |               |           |         |         |               |           |                     |                  |              |                 |                        |
|   |                        |              |           |          |                  |               |           |         |         |               |           |                     |                  |              |                 |                        |
|   |                        |              |           |          |                  |               |           |         |         |               |           |                     |                  |              |                 |                        |
|   |                        |              |           |          |                  |               |           |         |         |               |           |                     |                  |              |                 |                        |
|   |                        |              |           |          |                  |               |           |         |         |               |           |                     |                  |              |                 |                        |
|   |                        |              |           |          |                  |               |           |         |         |               |           |                     |                  |              |                 |                        |
|   |                        |              |           |          |                  |               |           |         |         |               |           |                     |                  |              |                 |                        |
|   |                        |              |           |          |                  |               |           |         |         |               |           |                     |                  |              |                 |                        |

N

|   |  | PI   | RO                          | PERTY  | SECTION  | ON   |  |  |  | 05/15/2020  |
|---|--|--|-----------------------------|--|--|--|--|--|--|---|
| GENCY NAME  |  |  |                             | e # 0726293                                      |  |  |  |  |  | NAIC CODE   |
| rthur J. Gallagher & Co. In   | nsurance Brokers   | of CA.,  | Inc.                        |  | Chubb Lim  | rited  |  |  |  |   |
| OLICY NUMBER  |  |  | 100                         | 6/01/2020  | NAMED INSURI   | <sup>ED(S)</sup><br>untain Viney   | ard, in  | C.   |  |   |
| BLANKET SUMMARY   |  |  |                             |  |  |  | -  |  |  |   |
| 30,438,778 SO   |  | YPE  |                             |  | BLKT#  | 2,887,279  | SOI  | SUS  | TYPE   |   |
| 6,174,543 SO  | CANAL PROPERTY OF THE PROPERTY | _  |                             |  |  | 2,001,210  | 47,490,61  | Sec. 40.   |  |   |
| , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | PREMISES # 5   | STREET   | ADDRE                       | ss: 2820 Spr                                     | ing Mountai  | n Rd., St. Hel   | ena. C   | A 945  | 574  |   |
| REMISES INFORMATION   | BUILDING # 3   |  |                             | ION: Winery                                      | •  |  |  |  |  |   |
| SUBJECT OF INSURANCE  | AMOUNT   | COINS %  |                             | CAUSES OF L                                      | OSS INFLATIO   | DED DED  | DED<br>TYPE  | BLKT   |  | CONDITIONS TO APPLY   |
| uilding   | 3,195,048  |  | R                           | Special (Inclutinett)                            | iding  | 10,000   |  |  | Included in B<br>Building  | lanket-Winery   |
| usiness Income with<br>xtra Expense and Rental  | 144,364  |  |                             | Special (Included)                               | ding   |  |  |  |  |   |
| _   |  | ***************************************                                  |                             |  |  |  |  | 1  | -  |   |
| ADDITIONAL INFORMATION  | BUSINESS INCOME / EXTR   | RA EXPENS  | SE - Atta                   | ch ACORD 810                                     |  | VALUE REPORT   | ING INFO   | RMATIC   | DN - Attach ACORD 8  | 311   |
| ADDITIONAL COVERAGES, O   | PTIONS, RESTRICT   | TIONS, E   | NDO                         | RSEMENTS   | AND RATING   | INFORMATIO   | ON   |  |  |   |
| SPOILAGE DESCRIPTION OF PROF  | PERTY COVERED  |  |                             |  | \$ DEDUCT  | DRI F  | AGREE<br>(Y  | EMENT  |  | ON OR CONTAMINATION TAGE SELLING PRICE  |
|   |  |  |                             |  | 1  | 71000  | L  | _j   |  | L J PRICE   |
| SINKHOLE COVERAGE (Required in Fi   | lorida)  |  |                             | ACCEPT   | \$<br>COVERAGE   | REJECT CO  | OVERAGI  |  | LIMIT: \$  | J FRICE   |
|   | sired in IL, IN, KY and WV)  | DMARK  |                             |  | \$   |  |  |  | LIMIT: \$ LIMIT: \$ # OF OPEN SIDES O  |   |
| PROPERTY HAS BEEN DESIGNAT  CONSTRUCTION TYPE  Tame   | DISTANCE TO HYDRANT FIRE S   |  | +                           |  | \$ COVERAGE COVERAGE COVERAGE  | REJECT CO  | CL #ST   | FORIES   | LIMIT: \$ # OF OPEN SIDES O # BASM'TS YR B 0 18  | ON STRUCTURE:   |
| PROPERTY HAS BEEN DESIGNAT  CONSTRUCTION TYPE  Frame  BUILDING IMPROVEMENTS  WIRING, YR: 1998   | DISTANCE TO HYDRANT FIRE S   | STAT<br>MI<br>DG CODE  | +                           | ACCEPT  RE DISTRICT  CODE ROOF                   | \$ COVERAGE COVERAGE COVERAGE  | REJECT CO  | CL #ST   | FORIES 1 Tame 1  | LIMIT: \$ # OF OPEN SIDES O # BASM'TS YR B 0 18  | BUILT TOTAL AREA 16,000   |
| PROPERTY HAS BEEN DESIGNAT  CONSTRUCTION TYPE  Frame  BUILDING IMPROVEMENTS  X  WRING, YR: 1998  PLU  ROOFING, YR: 1997   | DISTANCE TO HYDRANT FIRE S  JMBING, YR: WI   | MI DG CODE GRADE   | TAX                         | ACCEPT  RE DISTRICT  CODE ROOF                   | \$ COVERAGE COVERAGE CODE N TYPE POSIT   | REJECT CO  | CL #ST PANCIES sq ft - Fr SOURCE R FIREPL                    | FORIES  1  Tame 1  | LIMIT: \$ # OF OPEN SIDES O #BASM'TS YR B 0 18  0,000 sq ft  | ON STRUCTURE:   |
| PROPERTY HAS BEEN DESIGNAT  PROPERTY HAS BEEN DESIGNAT  CONSTRUCTION TYPE  Frame  BUILDING IMPROVEMENTS  X WIRING, YR: 1998 PLU  ROOFING, YR: 1997 HEA  OTHER:  PRIMARY HEAT  BOILER SOLID FUEL   | DISTANCE TO HYDRANT FIRE S  JMBING, YR:  VR:   | STAT MI JOG CODE GRADE IND CLASS RESISTI                                 | TAX                         | ACCEPT  RE DISTRICT  CODE ROOF  COM              | COVERAGE COVERAGE COVERAGE CODE N TYPE POSIT STIVE SECONDARY BOILER  | REJECT CO   | CL #SI PANCIES SQ ft - Fr SOURCE R FIREPL RER:               | FORIES  1  ame 1  EINCL NACE IN  | #BASMTS YR B  #0,000 sq ft  MOODBURNING  | BUILT TOTAL AREA 16,000  DATE INSTALLED:  |
| CONSTRUCTION TYPE FFAME BUILDING IMPROVEMENTS  X WIRING, YR: 1998 PLU X ROOFING, YR: 1997 HEA OTHER: PRIMARY HEAT   | DISTANCE TO HYDRANT FIRE S  JMBING, YR:  VR:   | STAT MI DOG CODE GRADE   | TAX                         | ACCEPT  RE DISTRICT  CODE ROOF  COM              | COVERAGE COVERAGE COVERAGE  CODE N TYPE POSIT STIVE SECONDARY BOILER IF BOILER                                       | REJECT CO REJECT | CL #SI PANCIES SQ ft - Fr SOURCE R FIREPL RER: D FUEL        | FORIES  1  ame 1  EINCL NACE IN  | #BASMTS YR B  #0,000 sq ft  MOODBURNING  | BUILT TOTAL AREA 16,000  DATE INSTALLED:  |
| PROPERTY HAS BEEN DESIGNAT  CONSTRUCTION TYPE  Frame BUILDING IMPROVEMENTS  X WIRING, YR: 1998 PLU  ROOFING, YR: 1997 HEA  OTHER:  BOILER SOLID FUEL  IF BOILER, IS INSURANCE PLACE   | DISTANCE TO HYDRANT FIRE S  JMBING, YR:  VR:  L  JED AN HISTORICAL LAND  DISTANCE TO HYDRANT FIRE S  FT  BL  JMBING, YR:  WI  YR:  L  JMBING PR:  YR:  L  JMBING PR:  YR:  L  JMBING PR:  YR:  YR:  YR:  YR:  YR:  YR:  YR:  | STAT MI DG CODE GRADE ND CLASS RESISTI                                   | TAX                         | RE DISTRICT  CODE ROOF  COM  SEMI- RESI          | COVERAGE COVERAGE COVERAGE  CODE N TYPE POSIT STIVE SECONDARY BOILER IF BOILER                                       | REJECT CO REJECT | CL #SI PANCIES SQ ft - Fr SOURCE R FIREPL RER: D FUEL        | TORIES  TORIES | #BASMTS YR B  # 0,000 sq ft  MOODBURNING  HERE? Y/N  | BUILT TOTAL AREA 16,000  DATE INSTALLED:  |
| PROPERTY HAS BEEN DESIGNAT  CONSTRUCTION TYPE  Frame BUILDING IMPROVEMENTS  X WRING, YR: 1998 PLU X ROOFING, YR: 1997 HEA OTHER: BOILER SOLID FUEL IF BOILER, IS INSURANCE PLACE RIGHT EXPOSURE & DISTANCE  BURGLAR ALARM TYPE  | DISTANCE TO HYDRANT FIRE S FT  JMBING, YR: YR:  LEFT EXPOSL  | STAT MI DG CODE GRADE ND CLASS RESISTI                                   | TAX                         | RE DISTRICT  CODE ROOF  COM  SEMI- RESI          | COVERAGE COVERAGE COVERAGE  CODE N TYPE POSIT STIVE SECONDARY BOILER IF BOILER                                       | REJECT CO REJECT | CL #SI PANCIES SQ ft - Fr SOURCE R FIREPL RER: D FUEL        | TORIES  1  1  Tame 1  ENCL VI  | #BASMTS YR B  #BASMTS YR B  0 18  0,000 sq ft  MOODBURNING SERT  HERE? Y/N  REAR EXPOSURE                                  | DATE INSTALLED:  S DISTANCE  CENTRAL LOC STATION GON  |
| PROPERTY HAS BEEN DESIGNAT  CONSTRUCTION TYPE  Frame  SUILIDING IMPROVEMENTS  X WRING, YR: 1998 PLU  ROOFING, YR: 1997 HEA  OTHER:  PRIMARY HEAT  BOILER SOLID FUEL  IF BOILER, IS INSURANCE PLACE  RIGHT EXPOSURE & DISTANCE  BURGLAR ALARM TYPE  BURGLAR ALARM INSTALLED AND SE   | DISTANCE TO HYDRANT FIRE S  JMBING, YR:  L  L  LEFT EXPOSU   | STAT MI DG CODE GRADE ND CLASS RESISTI                                   | TAX                         | RE DISTRICT  CODE ROOF  COM:  SEMI- RESI         | COVERAGE COVERAGE COVERAGE CODE N TYPE POSIT STIVE SECONDARY BOILER IF BOILE FRONT EXPO                              | REJECT CO REJECT | CL #ST PANCIES SQ ft - Fr SOURCE R FIREPL RER: D FUEL PLACED | TORIES  1  1  Tame 1  ENCL VI  | #BASM'TS YR B  # BASM'TS YR B  0,000 sq ft  MOODBURNING ISERT  HERE?  Y/N  REAR EXPOSURE                                   | DATE INSTALLED:  S DISTANCE  CENTRAL LOC STATION GON  |
| PROPERTY HAS BEEN DESIGNAT  PROPERTY HAS BEEN DESIGNAT  CONSTRUCTION TYPE  Frame  BUILDING IMPROVEMENTS  X WIRING, YR: 1998 PLU  ROOFING, YR: 1997 HEA  OTHER:  PRIMARY HEAT  BOILER SOLID FUEL  IF BOILER, IS INSURANCE PLACE  RIGHT EXPOSURE & DISTANCE  BURGLAR ALARM TYPE  BURGLAR ALARM INSTALLED AND SE  PREMISES FIRE PROTECTION (Sprinkly)    | DISTANCE TO HYDRANT FIRE S  JMBING, YR:  L  L  LEFT EXPOSU   | STAT MI DOS CODE GRADE  ND CLASS RESISTI  VIN URE & DIST  CERT  ched for | TAX  TANCE  TIFICATI  tems) | ACCEPT  RE DISTRICT  CODE ROOF  COMI  SEMI- RESI | SCOVERAGE  COVERAGE  CODENTYPE POSIT  STIVE  SECONDARY  IF BOILER  IF BOILER  FRONT EXPO                             | REJECT CO REJECT | CL #ST PANCIES SQ ft - Fr SOURCE R FIREPL RER: D FUEL PLACED | TORIES  1  1  Tame 1  ENCL VI  | #BASM'TS YR B  # BASM'TS YR B  0,000 sq ft  MOODBURNING ISERT  HERE?  Y/N  REAR EXPOSURE                                   | DATE INSTALLED:  CENTRAL LOC STATION GON WITH KEYS  EN CLOCK HOURLY  CENTRAL STATI              |
| PROPERTY HAS BEEN DESIGNAT  CONSTRUCTION TYPE  Frame  SUILIDING IMPROVEMENTS  X WRING, YR: 1998 PLU  ROOFING, YR: 1997 HEA  OTHER:  PRIMARY HEAT  BOILER SOLID FUEL  IF BOILER, IS INSURANCE PLACE  RIGHT EXPOSURE & DISTANCE  BURGLAR ALARM TYPE  BURGLAR ALARM INSTALLED AND SE  PREMISES FIRE PROTECTION (Sprinkly)  ADDITIONAL INTEREST  INTEREST | DISTANCE TO HYDRANT FIRE S  JMBING, YR: VR:  LEFT EXPOSU   | STAT MI DOS CODE GRADE  ND CLASS RESISTI  VIN URE & DIST  CERT  ched for | TAX  TANCE  TIFICATI  tems) | ACCEPT  RE DISTRICT  CODE ROOF  COMI  SEMI- RESI | COVERAGE  COVERAGE  CODEN  TYPE POSIT  STIVE  SECONDARY  IF BOILER  IF BOILE  FRONT EXPO  EXTENT  PRINK  FIRE ALL  O | REJECT CO REJECT | CL #ST PANCIES SQ ft - Fr SOURCE R FIREPL RER: D FUEL PLACED | TORIES  1  1  Tame 1  ENCL VI  | # BASM'TS YR B  # BASM'TS YR B  0,000 sq ft  ACCODBURNING SERT  HERE?  Y/N  REAR EXPOSURE  PIRATION DATE  BUARDS / WATCHME | DATE INSTALLED.  CENTRAL LOCK HOURLY  CENTRAL STATI  COCAL GONG                                 |
| PROPERTY HAS BEEN DESIGNAT  PROPERTY HAS BEEN DESIGNAT  CONSTRUCTION TYPE  Frame  BUILDING IMPROVEMENTS  X WIRING, YR: 1998 PLU  ROOFING, YR: 1997 HEA  OTHER:  PRIMARY HEAT  BOILER SOLID FUEL  IF BOILER, IS INSURANCE PLACE  RIGHT EXPOSURE & DISTANCE  BURGLAR ALARM TYPE  BURGLAR ALARM INSTALLED AND SE  PREMISES FIRE PROTECTION (Sprinkly)    | DISTANCE TO HYDRANT FIRE S  JMBING, YR:  L  L  LEFT EXPOSU   | STAT MI DOS CODE GRADE  ND CLASS RESISTI  VIN URE & DIST  CERT  ched for | TAX  TANCE  TIFICATI  tems) | ACCEPT  RE DISTRICT  CODE ROOF  COMI  SEMI- RESI | SCOVERAGE  COVERAGE  CODENTYPE POSIT  STIVE  SECONDARY  IF BOILER  IF BOILER  FRONT EXPO                             | REJECT CO REJECT | CL #ST PANCIES SQ ft - Fr SOURCE R FIREPL RER: D FUEL PLACED | TORIES  1  1  Tame 1  ENCL VI  | # BASM'TS YR B  # BASM'TS YR B  0,000 sq ft  ACCODBURNING SERT  HERE?  Y/N  REAR EXPOSURE  PIRATION DATE  BUARDS / WATCHME | DATE INSTALLED:  CENTRAL LOCK HOURLY CENTRAL STATI LOCAL GONG  STIN ITEM NUMBER BUILDING: ITEM: |

The ACORD name and logo are registered marks of ACORD

ACORD 140 (2014/12)

SIGNATURE

AGENCY CUSTOMER ID:

SPRIMOU-03

**JRYAUDES** 

#### Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

#### Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

## Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

# Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

#### Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

## Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

# Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

# Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print)  Dina Campana Smith, CIC | STATE PRODUCER LICENSE NO (Required in Florida) |
|-----------------------|---|---|
| APPLICANT'S SIGNATURE | DATE  | NATIONAL PRODUCER NUMBER                        |
|                       |   |   |

ACORD 140 (2014/12)

|                                       |                              |                    |         | AC        | SENCY C        | USTOME                  | R ID:    |                                      | SPRIM                           | OU-03            |                                    |             | JR                | YAUDE     |  |
|---------------------------------------|------------------------------|--------------------|---------|-----------|----------------|-------------------------|----------|--------------------------------------|---------------------------------|------------------|------------------------------------|-------------|-------------------|-----------|--|
| ADDITIONAL                            | PREMISES #: 6                | STREET             | ADDRES  | ss: 60 Ha | arlow Co       | urt, Nap                | a, CA S  | 94558                                |                                 |                  |                                    |             |                   |           |  |
| PREMISES INFORMATION                  | BUILDING # 1                 | BLDG DI            | ESCRIPT | ION: Win  | e Storag       | e - Wine                | Co-op    |                                      |                                 |                  |                                    |             |                   |           |  |
| SUBJECT OF INSURANCE                  | TNUOMA                       | COINS %            |         |           | OF LOSS        | INFLATION<br>GUARD %    | DE       | D F                                  | PED BLI                         | FORMS            | S AND CO                           | NDIT        | IONS TO A         | PPLY      |  |
| Business Income with<br>Extra Expense | 144,36                       | 34                 |         | Special ( | Including      |                         |          |                                      |                                 | included         | in Bla                             | nke         | t                 |           |  |
|                                       |                              | I to character     |         |           |                |                         |          |                                      |                                 |                  |                                    |             |                   |           |  |
|                                       |                              |                    |         |           |                |                         |          |                                      |                                 |                  |                                    |             |                   |           |  |
|                                       |                              |                    |         |           |                |                         |          |                                      |                                 |                  |                                    |             |                   |           |  |
| ADDITIONAL INFORMATION                | BUSINESS INCOME!             |                    |         |           |                |                         |          |                                      | INFORMA                         | TION - Attach AC | ORD 811                            |             |                   |           |  |
| ADDITIONAL COVERAGES                  |                              | CTIONS, E          | ENDOF   | RSEMEN    | ITS AND        |                         | NFOR     | MOTAM                                |                                 | -                |                                    |             |                   |           |  |
| SPOILAGE COVERAGE (Y/N)               | ROPERTY COVERED              |                    |         |           |                | LIMIT<br>\$<br>DEDUCTII | BLE      |                                      | EFRIG MAI<br>GREEMEN<br>(Y / N) |                  |                                    |             |                   |           |  |
| SINKHOLE COVERAGE (Required in        | n Florida)                   |                    |         | ACC       | EPT COVE       | -                       | RE       | JECT COVE                            | RAGE                            | LIMIT: \$        |                                    |             |                   |           |  |
| MINE SUBSIDENCE COVERAGE (R           |                              | V1                 |         |           | EPT COVE       |                         |          | ECT COVE                             |                                 | LIMIT: \$        |                                    |             | _                 |           |  |
| PROPERTY HAS BEEN DESIGN              |                              |                    |         |           |                |                         | 1        |                                      |                                 | # OF OPEN S      | IDES ON S                          | STRU        | CTURE: _          |           |  |
| CONSTRUCTION TYPE Concrete Block      | DISTANCE TO HYDRANT FIR      | E STAT             | FIR     | E DISTRIC | т              | CODE NU                 | MBER     | PROT CL                              | #STORIE                         | ES #BASM'TS      | #BASM'TS YR BUILT TOTAL 1998 156,0 |             |                   |           |  |
| BUILDING IMPROVEMENTS WRING, YR:      |                              | BLDG CODE<br>GRADE | TAX     |           | OOF TYPE       |                         | OTHER    | OCCUPAN                              | CIES                            |                  |                                    |             |                   |           |  |
|                                       |                              | WIND CLASS         | -       | SEMI-     | RESISTIVE      |                         |          | EATING SO<br>FOVE OR FI<br>FACTURER: | URCE INCI<br>REPLACE            | WOODBURNIN       | G DA                               | ATE<br>STAL | LED:              |           |  |
| PRIMARY HEAT                          |                              |                    |         |           | SEC            | ONDARY HE               | AT       |                                      |                                 |                  |                                    |             |                   |           |  |
| BOILER SOLID FO                       | JEL .                        |                    |         |           |                | BOILER                  |          | SOLID FU                             | EL                              |                  |                                    |             |                   |           |  |
| IF BOILER, IS INSURANCE PLA           | ACED ELSEWHERE?              | Y/N                |         |           |                | IF BOILER,              | IS INSUF | RANCE PLA                            | CED ELSE                        | WHERE?           | Y/N                                |             |                   |           |  |
| RIGHT EXPOSURE & DISTANCE             | LEFT EXPO                    | SURE & DIST        | ANCE    |           | FRO            | INT EXPOSU              | RE & DIS | STANCE                               |                                 | REAR EXPO        | SURE & D                           | DISTA       | NCE               |           |  |
| BURGLAR ALARM TYPE                    |                              | CERT               | IFICATE | #         |                |                         |          |                                      |                                 | EXPIRATION DAT   |                                    | STA         |                   | LOCAL     |  |
| BURGLAR ALARM INSTALLED AND           | SERVICED BY                  |                    |         |           | EXT            | ENT                     |          | GRADE                                |                                 | GUARDS / WAT     | _                                  | VVIII       | CLOCK I           | HOURLY    |  |
| PREMISES FIRE PROTECTION (Spr<br>Wet  | inklers, Standpipes, CO2 / C | Chemical Syst      | tems)   |           | % SPRNK<br>100 | FIRE ALAF               | M MANU   | FACTURER                             |                                 |                  |                                    |             | CENTRA<br>LOCAL O | L STATION |  |
| ADDITIONAL INTEREST                   | ACORD 45 atta                | ched for           | additi  | onal na   | mes            |                         |          |                                      |                                 |                  |                                    |             |                   |           |  |
| INTEREST                              | NAME AND ADDRESS F           | ANK:               | EVIDE   | NCE:      | CERTIFIC       | CATE                    |          |                                      |                                 | 11               | ITEREST I                          | IN ITE      | M NUMBE           | R         |  |
| LOSS PAYEE                            |                              |                    |         |           |                |                         |          |                                      |                                 | LOCATION:        |                                    | E           | BUILDING:         |           |  |
| MORTGAGEE                             |                              |                    |         |           |                |                         |          |                                      |                                 | ITEM<br>CLASS:   |                                    | 1           | TEM:              |           |  |
|                                       |                              |                    |         |           |                |                         |          |                                      |                                 | ITEM DESC        | RIPTION                            |             |                   |           |  |
|                                       | REFERENCE / LOAN #:          |                    |         |           |                |                         |          |                                      |                                 |                  |                                    |             |                   |           |  |
| REMARKS (ACORD 101,                   | Additional Remark            | s Schedu           | ile, ma | y be att  | ached if       | more sp                 | ace is   | required                             | 1)                              |                  |                                    |             |                   |           |  |
| ACORD 140 (2014/12)                   |                              |                    |         | -         | Page 2 o       | f 3                     |          |                                      |                                 |                  |                                    |             |                   |           |  |

|             | AGENCY CUSTOMER ID: | SPRIMOU-03 | JRYAUDES |
|-------------|---------------------|------------|----------|
| ALANIA TURE | 7.00                |            |          |

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# Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto commits a fraudulent insurance act.

# Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

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| PRODUCER'S SIGNATURE QCX | PRODUCER'S NAME (Please Print)  Dina Campana Smith, CIC |     | STATE PRODUCER LICENSE NO<br>(Required in Florida) |
|--------------------------|---|-----|--|
| APPLICANT'S SIGNATURE    | D   | ATE | NATIONAL PRODUCER NUMBER                           |
|                          |   |     |  |

|                   |   |  |  |            | AGE          | NCY C       | USTOMER                | R ID:        |           | SPRIM             | OU-03                 |                    | JRYAUDE          |
|-------------------|---|--|--|------------|--------------|-------------|------------------------|--------------|-----------|-------------------|-----------------------|--------------------|------------------|
| A                 | CORD  | >  |  |            | PERTY        |             |                        | N            |           |                   |                       | 1                  | 05/15/2020       |
| AGENCY            |   |  |  | Licens     | e # 072629   |             |                        |              |           |                   |                       |                    | NAIC CODE        |
|                   | J. Gallagher & Co                               | . Insurance Brok   | ers of C   |            |              |             | bb Limit               |              |           |                   |                       |                    |                  |
| POLICY            | NUMBER  |  |  |            | 6/01/2020    |             | ED INSURED<br>ing Mour |              | Vineyaı   | rd, Inc.          |                       |                    |                  |
| BLAN              | KET SUMMARY                                     |  |  |            |              |             |                        |              |           |                   |                       |                    |                  |
| BLKT#             | AMOUNT 20 429 779 6                             | COL P  | TYPE   |            |              | BLK         | * /                    | AMOUNT       |           | OL DU             | CED                   | TYPE               |                  |
| 2                 | 30,438,778 S<br>6,174,543 S                     |  |  |            |              | 3           |                        | 2,00         | 7,279     | SOI: BU           | SEK                   |                    |                  |
|                   | 0,114,040                                       | PREMISES#7   | STOP   | ET ADDRE   | ss: 241 Tov  | me Do       | nd Amn                 | doon (       | Control   | CA 045            | 0.2                   |                    |                  |
| PREM              | SES INFORMATION                                 |  | 9" ""  |            | ION: Wine S  | -           | F 700                  |              | 71        | CA 543            |                       |                    |                  |
|                   | BJECT OF INSURANCE                              | AMOUNT   | COINS  | % VALU-    | CAUSES OF    |             | INFLATION<br>GUARD     | DE           | n [       | DED BLH           | CT FORM               | S AND CON          | DITIONS TO APPLY |
| 3usine<br>Extra l | ess Income with<br>Expense                      | 144,:  |  | Allon      | Special (Inc |             | GUARD #                |              |           | TPC N             |                       | i in Blan          |                  |
|                   |   |  | in in the second |            |              |             |                        |              |           | per more          |                       |                    |                  |
|                   | NAL INFORMATION                                 | BUSINESS INCOME /  |  | - CO 5     |              |             |                        |              |           |                   | TION - Attach A       | CORD 811           |                  |
| SPOILA<br>COVERA  |   | ROPERTY COVERED  |  |            |              |             | LIMIT                  |              |           | EFRIG MAI         |                       |                    |                  |
| (Y/N              |   |  |  |            |              |             | \$                     |              | ′         | AGREEMEN<br>(Y/N) | BRE                   | AKDOWN OF          | CONTAMINATION    |
|                   |   |  |  |            |              |             | DEDUCTIB               | LE           |           |                   | POV                   | VER OUTAGE         | SELLING          |
| L                 |   |  |  |            |              |             | 1\$                    | -            |           | Li                |                       |                    |                  |
|                   | LE COVERAGE (Required II                        |  |  |            |              | TCOVE       |                        |              | JECT COVI | A A . A           | LIMIT: \$             |                    |                  |
|                   | BSIDENCE COVERAGE (RE<br>OPERTY HAS BEEN DESIGN |  | _  |            | ACCEP        | T COVE      | KAGE                   | RE           | JECT COV  | ERAGE             | LIMIT: \$             | CIDEC ON CI        | RUCTURE:         |
|                   | THE PROBLEM DECIME                              | WILD MINISTORICAL E  | ZUNDINIZUU   |            |              |             |                        |              |           |                   | WO! OF LIK            | 510E3 ON 31        | ROOTORE.         |
| CONSTR            | UCTION TYPE                                     | DISTANCE<br>HYDRANT F  | TO   | FIF        | RE DISTRICT  |             | CODE NUM               | MBER         | PROT CL   | #STORIE           | S #BASMTS             | YR BUILT           | TOTAL AREA       |
| Masoı             | ту  | FT   | MI   |            |              |             |                        |              |           | 1                 |                       | 1986               | 215,000          |
| BUILDIN           | G IMPROVEMENTS                                  | , , , , , ,  | BLDG COL   |            | CODE - ROO   | FTYPE       | 1                      | OTHER        | OCCUPAN   | ICIES             |                       | 1                  |                  |
| WIF               | RING, YR:                                       | PLUMBING, YR:  |  |            | ALP          | HALT        |                        |              |           |                   |                       |                    |                  |
| RO                | OFING, YR:                                      | HEATING, YR:   | WIND CLA   | ss         | SEMI- RES    | SISTIVE     |                        |              |           | URCE INCI         | L WOODBURNI<br>INSERT |                    | E<br>FALLED:     |
|                   | HER:  | YR:  | RESI   | STIVE      |              |             |                        |              | ACTURER   | io                |                       |                    |                  |
| PRIMAR            | ***************************************         | _ [7]  |  |            |              | SEC         | ONDARY HE              | AT           | 1         |                   | 7                     |                    |                  |
| -                 | SOLID FU  | 1  | Y/N  |            |              | +           | BOILER                 | 10 14 101 15 | SOLID FI  |                   | **********            | 7                  |                  |
|                   | XPOSURE & DISTANCE                              | -  | POSURE & D   | ISTANCE    |              | FRO         | NT EXPOSU              |              |           | CED ELSE          |                       | Y/N<br>POSURE & DI | STANCE           |
| BURGLA            | AR ALARM TYPE                                   |  | CE   | ERTIFICATE | #            |             |                        |              |           |                   | EXPIRATION DA         | s                  | ENTRAL LOCA      |
| BURGLA            | AR ALARM INSTALLED AND                          | SERVICED BY  |  |            |              | EXT         | ENT                    |              | GRAD      | E ,               | #GUARDS / W/          |                    | CLOCK HOURLY     |
| PREMIS<br>Wet     | ES FIRE PROTECTION (Spr                         | inklers, Standpipes, CO2   | / Chemical S   | ystems)    | % 8          | PRNK<br>100 | FIRE ALARI             | MANU         | FACTURE   | ₹                 |                       |                    | CENTRAL STATIO   |
| ADDIT             | MONAL INTEREST                                  | ACORD 45 at  | tached fo  | or additi  | onal name    | 25          |                        |              |           |                   |                       |                    |                  |
| INTERE            | ST .  | NAME AND ADDRESS   | RANK:  | EVIDE      | ENCE: C      | CERTIFIC    | ATE                    |              |           |                   |                       | INTEREST IN        | ITEM NUMBER      |
| - 1               | SS PAYEE  |  |  |            |              |             |                        |              |           |                   | LOCATION              | 1:                 | BUILDING:        |
| MC                | RTGAGEE   | and the second s |  |            |              |             |                        |              |           |                   | ITEM<br>CLASS:        |                    | ITEM:            |
|                   |   | I .  |  |            |              |             |                        |              |           |                   | ITEM DES              | CRIPTION           |                  |
|                   |   | DECEDENCE !! OAN! #  |  |            |              |             |                        |              |           |                   |                       |                    |                  |
|                   |   | REFERENCE / LOAN #   |  |            |              |             |                        |              |           |                   |                       |                    |                  |

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|                                       |                       |                    |                |      | AGENCY        | CUSTOME              | R ID   | :          | SPF                  | RIMO      | U-03               |        |              | JR              | YAUDES        |
|---------------------------------------|-----------------------|--------------------|----------------|------|---------------|----------------------|--------|------------|----------------------|-----------|--------------------|--------|--------------|-----------------|---------------|
| A DDITIONAL                           | PREMISES#:            | CTPEET             | ADDDES         | e.   |               |                      |        |            |                      |           |                    |        |              |                 |               |
| ADDITIONAL                            |                       |                    |                |      |               |                      |        |            |                      |           | -                  |        |              |                 |               |
| PREMISES INFORMATION                  |                       |                    |                |      |               | INFLATION            |        |            | DED                  | BLKT      |                    |        |              |                 | I BORL 14     |
| SUBJECT OF INSURANCE                  | AMOUNT                | COINS %            | VALU-<br>ATION | CAU  | ISES OF LOSS  | INFLATION<br>GUARD % |        | DED        | TYPE                 | BLKT<br># | FORMS A            | ND C   | TIDING       | IONS TO A       | APPLY         |
|                                       |                       |                    |                |      |               |                      |        |            |                      |           |                    |        |              |                 |               |
|                                       |                       |                    |                |      |               |                      |        |            |                      |           |                    |        |              |                 |               |
|                                       |                       |                    |                |      |               |                      |        |            |                      |           |                    |        |              |                 |               |
|                                       |                       |                    |                |      |               |                      |        |            |                      |           |                    |        |              |                 |               |
|                                       |                       |                    |                |      |               |                      |        |            |                      |           |                    |        |              |                 |               |
|                                       |                       |                    |                |      |               |                      |        |            |                      |           |                    |        |              |                 |               |
|                                       |                       |                    |                |      |               |                      |        |            |                      |           |                    |        |              |                 |               |
|                                       |                       |                    |                |      |               |                      |        |            |                      |           |                    |        |              |                 |               |
|                                       |                       |                    |                |      |               |                      |        |            |                      |           |                    |        |              |                 |               |
| ADDITIONAL INFORMATION                | BUSINESS INCOME /     |                    |                |      |               |                      |        |            |                      | RMATIC    | N - Attach ACOF    | RD 811 | 1            |                 |               |
| ADDITIONAL COVERAGES                  |                       | RICTIONS, E        | NDOR           | SEM  | IENTS AND     |                      | INFO   | RMAT       | ON                   |           | 1                  |        |              |                 |               |
| SPOILAGE DESCRIPTION OF PR            | OPERTY COVERED        |                    |                |      |               | LIMIT                |        |            | REFRIG               |           | OPTIONS            |        |              |                 |               |
| (Y/N)                                 |                       |                    |                |      |               | \$                   |        |            | (Y /                 |           |                    |        |              | ONTAMINA<br>SEL | ATION<br>LING |
|                                       |                       |                    |                |      |               | DEDUCTIE             | BLE    |            |                      | 7         | POWER              | OUTA   | GE:          | PRI             |               |
|                                       |                       |                    |                | -7   |               | \$                   |        |            |                      |           | INDIE: A           |        |              |                 |               |
| SINKHOLE COVERAGE (Required in        |                       |                    | -              | _    | ACCEPT COVI   |                      |        |            | OVERAGE              |           | LIMIT: \$          |        |              |                 |               |
| MINE SUBSIDENCE COVERAGE (Re          |                       |                    |                |      | ACCEPT COVI   | ERAGE                | R      | (EJECT C   | OVERAGE              |           | LIMIT: \$          | :c nu  | CTDI         | CTUBE:          |               |
| PROPERTY HAS BEEN DESIGN              | ATED AN HISTORICAL L  | ANDMARK            |                |      |               |                      |        |            |                      | •         | # OF OPEN SIDE     | SUN    | SIKU         | CIORE           |               |
|                                       |                       |                    |                |      |               |                      |        |            |                      |           |                    |        |              |                 |               |
|                                       |                       |                    |                |      |               | 11                   |        |            |                      |           |                    |        |              |                 |               |
| CONSTRUCTION TYPE                     | DISTANCE<br>HYDRANT F | TO<br>RE STAT      | FIRE           | DIST | TRICT         | CODE NU              | MBER   | PROT       | CL #ST               | DRIES     | #BASM'TS Y         | R BUI  | LT           | TOTAL AF        | REA           |
|                                       | FT                    | MI                 |                |      |               |                      |        |            | <u> </u>             |           |                    |        |              |                 |               |
| BUILDING IMPROVEMENTS                 |                       | BLDG CODE<br>GRADE | TAXC           | ODE  | ROOF TYPE     |                      | OTHE   | ER OCCL    | IPANCIES             |           |                    |        |              |                 |               |
| WIRING, YR: P                         | LUMBING, YR:          |                    |                |      |               |                      | ļ.,    |            |                      |           |                    | -      | A 1900 Date: |                 |               |
| ROOFING, YR:                          | EATING, YR:           | WIND CLASS         |                | SE   | MI- RESISTIVE |                      |        | STOVE (    | SOURCE<br>OR FIREPLA | INCL W    | OODBURNING<br>SERT | IN     | ATE<br>ISTAL | LED:            |               |
| OTHER:                                | YR:                   | RESISTIV           | /E             |      |               |                      | MANI   | UFACTU     | RER:                 |           |                    |        |              |                 |               |
| PRIMARY HEAT                          |                       |                    |                |      | SE            | CONDARY HE           | AT     |            |                      |           |                    |        |              |                 |               |
| BOILER SOLID FU                       |                       | -                  |                |      |               | BOILER               | L      |            | D FUEL               |           |                    |        |              |                 |               |
| IF BOILER, IS INSURANCE PLA           |                       | Y/N                |                |      |               | IF BOILER,           |        |            |                      | LSEWH     |                    |        |              |                 |               |
| RIGHT EXPOSURE & DISTANCE             | LEFT EXF              | OSURE & DISTA      | ANCE           |      | FR            | ONT EXPOSU           | RE & C | DISTANC    | E                    |           | REAR EXPOSU        | KE &   | DISTA        | NCE             |               |
|                                       |                       | OFFIT              | FIGATE         |      |               |                      |        |            |                      | EVD       | DATION DATE        |        | CEN          | TRAL            | LOCAL         |
| BURGLAR ALARM TYPE                    |                       | CERTI              | FICATE #       |      |               |                      |        |            |                      | EXP       | IRATION DATE       | -      | STAT         | LION _          | GONG          |
| DUDGI ED ALADAMOTALI ED AND           | APRIMATE BY           |                    |                |      | EV            | TELIT                |        | -          | 1405                 | #61       | JARDS / WATCH      | BAEN   | WITH         | CLOCK           | IOLIDIA       |
| BURGLAR ALARM INSTALLED AND           | SERVICED BY           |                    |                |      | Ev            | TENT                 |        | 0,         | RADE                 | #30       | JANUS I WATON      | HAICHE | -            | CLUCK           | TOURLY        |
| PREMISES FIRE PROTECTION (Sprin       | klers Standnines CO2  | Chemical Syste     | ms)            |      | % SPRNK       | FIRE ALAR            | M MAN  | UEACTL     | RER                  |           |                    |        |              | CENTRA          | L STATION     |
| The modern that the training teaching |                       |                    |                |      | // Of Itialit | T INC ALAIN          |        | ioi no i e |                      |           |                    |        | -            | LOCAL           |               |
| ADDITIONAL INTEREST                   | ACORD 45 at           | tached for s       | dditio         | nal  | namos         |                      |        |            |                      |           |                    |        | -            | EG O/IE G       |               |
|                                       | NAME AND ADDRESS      |                    | EVIDEN         |      | CERTIF        | CATE                 |        |            |                      |           | INTE               | PEST   | IN ITE       | M NUMBE         | P             |
| LOSS PAYEE                            |                       |                    |                |      |               |                      |        |            |                      | ı         | LOCATION:          | NEO!   | T            | UILDING:        | av .          |
| MORTGAGEE                             |                       |                    |                |      |               |                      |        |            |                      | ı         | ITEM<br>CLASS:     |        |              | TEM:            |               |
|                                       |                       |                    |                |      |               |                      |        |            |                      | l         | ITEM DESCRIP       | TION   |              | amrii t         |               |
|                                       |                       |                    |                |      |               |                      |        |            |                      |           |                    |        |              |                 |               |
|                                       | REFERENCE / LOAN #.   |                    |                |      |               |                      |        |            |                      |           |                    |        |              |                 |               |
| REMARKS (ACORD 101.                   | Additional Remar      | ks Schedul         | e. mav         | be   | attached i    | f more spa           | ace i  | s requ     | ired)                |           |                    |        |              |                 |               |
|                                       |                       |                    | 11             |      |               |                      |        |            |                      |           |                    |        |              |                 |               |
|                                       |                       |                    |                |      |               |                      |        |            |                      |           |                    |        |              |                 |               |
|                                       |                       |                    |                |      |               |                      |        |            |                      |           |                    |        |              |                 |               |
|                                       |                       |                    |                |      |               |                      |        |            |                      |           |                    |        |              |                 |               |
|                                       |                       |                    |                |      |               |                      |        |            |                      |           |                    |        |              |                 |               |
|                                       |                       |                    |                |      |               |                      |        |            |                      |           |                    |        |              |                 |               |
|                                       |                       |                    |                |      |               |                      |        |            |                      |           |                    |        |              |                 |               |
|                                       |                       |                    |                |      |               |                      |        |            |                      |           |                    |        |              |                 |               |
|                                       |                       |                    |                |      |               |                      |        |            |                      |           |                    |        |              |                 |               |
|                                       |                       |                    |                |      |               |                      |        |            |                      |           |                    |        |              |                 |               |

| SIGNATURE | AGENCY CUSTOMER ID: | SPRIMOU-03 | JRYAUDES |
|-----------|---------------------|------------|----------|
| SIGNATURE |                     |            |          |

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

#### Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

# Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

#### Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto commits a fraudulent insurance act.

# Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

## Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

## Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

# Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

# Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

| PRODUCER'S SIGNATURE Q.C.X | PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC |      | STATE PRODUCER LICENSE NO (Required in Florida) |
|----------------------------|--|------|---|
| APPLICANT'S SIGNATURE      |  | DATE | NATIONAL PRODUCER NUMBER                        |

AGENCY CUSTOMER ID: SPRIMOU-03 JRYAUDES PAGE 1 OF 1

|   | 1            |         |                | . Diankst                         |                      |        |             |           | Ar.   |  |
|---|--------------|---------|----------------|-----------------------------------|----------------------|--------|-------------|-----------|---|--|
|   | PREMISES #0  |         |                | <sub>SS:</sub> Blanket,           |                      |        |             |           |   |  |
| PREMISES INFORMATION                      | BUILDING # 1 | BLDG DE |                |                                   | INELATION            |        | DED         | DIKT      |   |  |
| SUBJECT OF INSURANCE                      | AMOUNT       | COINS % | ATION          | CAUSES OF LOSS Special (Including | INFLATION<br>GUARD % | DED    | TYPE        | BLKT      | FORMS AND CONDITIONS TO APPLY                   |  |
| PROPG                                     |              |         |                | Special (including                |                      | 10,000 |             |           | PropertyGard - Winery Extension                 |  |
|   | PREMISES #0  | STREET  | ADDRE          | SS: Blanket,                      |                      |        |             |           |   |  |
| PREMISES INFORMATION                      | BUILDING # 1 | BLDG DE | SCRIPT         | TION:                             |                      |        |             |           |   |  |
| SUBJECT OF INSURANCE                      | AMOUNT       | COINS % | YALU-<br>ATION | CAUSES OF LOSS                    | INFLATION<br>GUARD % | DED    | PEPE        | BLKT      | FORMS AND CONDITIONS TO APPLY                   |  |
| QUIP                                      |              |         |                | Special (Including                |                      | 10,000 |             |           | Equipment Breakdown - see<br>Remarks for limits |  |
|   | PREMISES #:  | STREET  | ADDRE          | SS:                               |                      |        |             |           | L   |  |
| PREMISES INFORMATION                      | BUILDING #:  | BLDG DE | SCRIPT         | TION:                             |                      |        |             |           |   |  |
| SUBJECT OF INSURANCE                      | AMOUNT       | COINS % | VALU-          | CAUSES OF LOSS                    | INFLATION<br>GUARD % | DED    | PEP         | BLKT      | FORMS AND CONDITIONS TO APPLY                   |  |
|   | 1            |         | AHON           |                                   | GUARD %              |        | ITPE        | **        |   |  |
|   | PREMISES #   | STREET  | ADDRE          | SS:                               |                      |        |             |           |   |  |
| PREMISES INFORMATION                      | BUILDING #:  | BLDG DE | SCRIPT         | TION:                             |                      |        |             |           |   |  |
| SUBJECT OF INSURANCE                      | AMOUNT       | COINS % | YALU-<br>ATION | CAUSES OF LOSS                    | INFLATION<br>GUARD % | DED    | DED<br>TYPE | BLKT      | FORMS AND CONDITIONS TO APPLY                   |  |
|   | PREMISES #.  | STREET  | ADDRE          | ec.                               |                      |        |             |           |   |  |
| DDEMISES INFORMATION                      | BUILDING #   | BLDG DE |                |                                   |                      |        |             |           |   |  |
| PREMISES INFORMATION SUBJECT OF INSURANCE | AMOUNT       | COINS % |                | CAUSES OF LOSS                    | INFLATION<br>GUARD % | DED    | DED         | BLKT      | FORMS AND CONDITIONS TO APPLY                   |  |
| SUBJECT OF INSURANCE                      | AWOONT       | COINS % | ATION          | CAUSES OF LUSS                    | GUARD %              | DED    | TYPE        | #         | TOKING AND GONDINGNO TO ALT ET                  |  |
|   | PREMISES #   | STREET  | ADDRE          | SS:                               |                      |        |             |           |   |  |
| PREMISES INFORMATION                      | BUILDING #   | BLDG DE |                | ION:                              |                      |        |             |           |   |  |
| SUBJECT OF INSURANCE                      | AMOUNT       | COINS % | YALU-<br>ATION | CAUSES OF LOSS                    | INFLATION<br>GUARD%  | DED    | TYPE        | BLKT<br># | FORMS AND CONDITIONS TO APPLY                   |  |
|   | PREMISES#    | STREET  | ADDRE          | SS:                               |                      |        |             |           |   |  |
| PREMISES INFORMATION                      | BUILDING #:  | BLDG DE | SCRIPT         | TION:                             |                      |        |             |           |   |  |
| SUBJECT OF INSURANCE                      | AMOUNT       | COINS % | VALU-<br>ATION | CAUSES OF LOSS                    | INFLATION<br>GUARD % | DED    | PED         | BLKT<br># | FORMS AND CONDITIONS TO APPLY                   |  |
|   |              |         |                |                                   |                      |        |             |           |   |  |
|   | PREMISES #   | STREET  | ADDRE          | SS:                               |                      |        |             |           |   |  |
| PREMISES INFORMATION                      | BUILDING #   | BLDG DE |                | ION:                              |                      |        |             | T         |   |  |
| SUBJECT OF INSURANCE                      | AMOUNT       | COINS % | ATION          | CAUSES OF LOSS                    | INFLATION<br>GUARD%  | DED    | TYPE        | BLKT      | FORMS AND CONDITIONS TO APPLY                   |  |
|   | PREMISES#    | STREET  | ADDRE          | SS:                               |                      |        |             |           |   |  |
| PREMISES INFORMATION                      | BUILDING #   | BLDG DE | SCRIP          | TION:                             |                      |        |             |           |   |  |
| SUBJECT OF INSURANCE                      | AMOUNT       | COINS % | VALU-<br>ATION | CAUSES OF LOSS                    | JNFLATION<br>GUARD % | DED    | DED<br>TYPE | BLKT      | FORMS AND CONDITIONS TO APPLY                   |  |
|   |              |         |                |                                   |                      |        |             |           |   |  |
|   | PREMISES #   | STREET  |                |                                   |                      |        |             |           |   |  |
| PREMISES INFORMATION                      | BUILDING #   | BLDG DE |                |                                   | INFLATION            |        | DED         | BIKT      | FORMS AND SOURISIONS TO LETT.                   |  |
| SUBJECT OF INSURANCE                      | AMOUNT       | COINS % | ATION          | CAUSES OF LOSS                    | GUARD %              | DED    | TYPE        | BLKT      | FORMS AND CONDITIONS TO APPLY                   |  |
|   | PREMISES #.  | STREET  | ADDRE          | SS:                               |                      |        |             |           |   |  |
| PREMISES INFORMATION                      | BUILDING #   | BLDG DE | SCRIP          | TION:                             |                      |        |             |           |   |  |
| SUBJECT OF INSURANCE                      | AMOUNT       | COINS % | VALU-<br>ATION | CAUSES OF LOSS                    | INFLATION<br>GUARD % | DED    | DED         | BLKT      | FORMS AND CONDITIONS TO APPLY                   |  |

APPLIED 140SOI (2014/12)

PAGE 1 OF 1

|  | DU-03 JRYA                                       | JDE   |
|--|--|---|
| ORD"   | DATE (MM/DD/Y)                                   | -   |
|  | 05/15/202<br>NAIC C                              |   |
| Gallagher & Co.                              | TANG O   | ,,,,  |
| BER  |  |   |
|  |  |   |
| IAL INTEREST (N                              |  |   |
| NAL Y LOSS PAY                               | LOCATION: 1 BUILDING:                            | 4   |
| OF MORTGAG                                   | LOCATION: 1 BUILDING:  VEHICLE: BOAT:            | 1   |
| IER OWNER                                    | AIRPORT: AIRCRAFT:                               |   |
| EE REGISTRA                                  | ITEM ITEM  |   |
| OR RESISTION                                 | CLASS:   | _   |
| INUSTEE                                      | ITEM DESCRIPTION 2805 Spring Mountain Road St. H | olon  |
| .DER   | 2805 Spring Mountain Road St. H<br>CA 94574      |   |
| numeron I I F                                | FAX (A/C, No):                                   | _   |
| INTEREST: Leased E                           |  |   |
| NAL TIOSS DAVI                               | L INTEREST IN ITEM NUMBER                        |   |
| LOSSFAII                                     | LOCATION: BUILDING:                              |   |
| NTY MIORIGAG                                 | VEHICLE: BOAT:                                   |   |
| EE OWNER                                     | AIRPORT: AIRCRAFT:                               | _   |
| SOR REGISTRA                                 | CLASS:   |   |
| IROSIEE                                      | ITEM DESCRIPTION                                 |   |
| LDER   |  |   |
|  | FAX (A/C, No):                                   | -   |
| R INTEREST:                                  |  | _   |
| NAL LOSS DAY                                 | L INTEREST IN ITEM NUMBER                        |   |
| LOSSPAT                                      | LOCATION: BUILDING:                              | _   |
| NTY WORTGAG                                  | VEHICLE: BOAT:                                   |   |
| EE OWNER                                     | AIRPORT: AIRCRAFT:                               |   |
| SOR REGISTRA                                 | ITEM: ITEM:                                      | _   |
| INOSTEE                                      | ITEM DESCRIPTION                                 |   |
| LDER   | FAX (A/C, No):                                   | _   |
| R INTEREST;                                  | PAR (AIG, NO).                                   |   |
| THE LEGIS                                    | . SATEDEET IN ITEM AN IMPED                      |   |
| NAL LOSS PAY                                 | LOCATION: BUILDING:                              |   |
| OF MORTOAG                                   | VEHICLE: BOAT:                                   |   |
| NTY OWNER                                    | AIRPORT: AIRCRAFT:                               |   |
| EE PEGISTRA                                  | ITEM ITEM  |   |
| SOR TRUSTEE                                  | CLASS: (15Em.                                    |   |
| LDER   | TER DESCRIPTION                                  |   |
| too too' tan a s                             | FAX (A/C, No):                                   |   |
| R INTEREST:                                  |  | -   |
|  | INTEREST IN ITEM NUMBER                          |   |
| NAL LOSS PAY                                 | LOCATION: BUILDING:                              |   |
| HOF MORTON                                   | VEHICLE: BOAT:                                   |   |
| NTY OWNER                                    | AIRPORT: AIRCRAFT:                               |   |
| YEE DECISION                                 | ITEM ITEM  | _   |
| BACK TOLICTED                                | CLASS:   |   |
| LDER   | -  |   |
| LIENHOLDER REFERENCE / LOAN #:  LIEN AMOUNT: |  |   |
| R INTEREST:                                  |  |   |
| SOR<br>BACK TRUSTEE                          |  | ITEM: CLASS: ITEM DESCRIPTION  FAX (A/C, No): |

ACORD 45 (2009/04)

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|                         |                                  |                 |                           | AGENCY CUSTOMER                                 | ID: SPRIMOU-03                 | JRYAUDES                        |
|-------------------------|----------------------------------|-----------------|---------------------------|---|--------------------------------|---------------------------------|
| ACO                     | RD BUSII                         |                 |                           | EXPENSE / RE                                    | NTAL VALUE                     | DATE (MM/DD/YYYY)<br>05/15/2020 |
| * OFFICE                |                                  |                 |                           | PROPERTY SECT                                   | ION                            | NAIC CODE                       |
| Arthur J. Gallag        | gher & Co. Insurance             | Brokers of CA., | lnc.                      | Chubb Limited                                   |                                | IVAIC CODE                      |
| POLICY NUMBER           |                                  |                 | 06/01/2020                | APPLICANT / FIRST NAMED I<br>Spring Mountain Vi |                                |                                 |
| PREMISES INFO           | RMATION                          |                 |                           |   |                                |                                 |
| PREMISES #: BUILDING #: | BUSINESS INCOME<br>EXTRA EXPENSE |                 | ESS INCOME<br>TRA EXPENSE | EXTRA EXPENSE                                   | BUSINESS INCOME / RENTAL VALUE | RENTAL VALUE                    |
| TYPE OF BUSINESS        | ORDINARY PAYROLL                 | EXT PERIOD      | POWER / HEAT              | T OFF PREM POV                                  | VER DEPEND PROP                |                                 |
| NON MFG                 | EXCL INCL                        | DAYS            |                           | DED POWER                                       | BROAD FOR                      | M LIMITED FORM                  |
| MFG<br>MINING           | 90 DAYS<br>180 DAYS              | MO PERIOD       | ELEC MEDIA                | DAYS WATER COMM (DES                            | CD DEL ONA                     |                                 |
| % COINS                 |                                  | MAX PERIOD      | ORD OR LAW                | THIT ON FEES                                    | COIN                           | _ %                             |
|                         | \$                               |                 | CIVIL AUTH                | DAYS \$ S                                       | TUDENTS CONT LOC               | MFG LOC                         |
| EXTRA EXPENSE           |                                  | LOSS PAY        |                           | DAYS \$ C                                       | OTHER ED REC LOC REC LOC       | LDR LOC (DESC BELOW)            |
| DAYS PERI               | OD REST                          | %%<br>%%        |                           |   |                                |                                 |
| OTHER COVERAGES         |                                  |                 |                           |   |                                |                                 |
|                         |                                  |                 |                           |   |                                |                                 |

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Attach to ACORD 140

| ADDITIONAL PRE   | EMISES INFORMATION            |                  |                          | AGENCY CUSTOMER ID:  | SPRIMOU-03                | JRYAUDE                      |
|--|-------------------------------|------------------|--------------------------|----------------------|---------------------------|------------------------------|
| PREMISES#: 1   | BUSINESS INCOME EXTRA EXPENSE | E/ BUSINES       | SS INCOME<br>TRA EXPENSE | EXTRA EXPENSE        | BUSINESS INCOME I         | RENTAL VALUE                 |
| UILDING # 1  |                               |                  |                          |                      | RENTAL VALUE              |                              |
| YPE OF BUSINESS NON MFG                                  | ORDINARY PAYROLL  EXCL INCL   | EXT PERIOD DAYS  | POWER/HEAT               | DED OFF PREM POWER   | DEPEND PROP<br>BROAD FORM | LIMITED FORM                 |
| MFG  | 90 DAYS                       | MO PERIOD        | ELEC MEDIA               | WATER                |                           |                              |
| MINING   | 180 DAYS                      | LIMIT            | ORD OR LAW               | DAYS COMM (DESCR BE  | LOW) COIN                 | %                            |
| % COINS  | \$                            | MAX PERIOD       | OKD OK ERW               | DAYS TUITION FEES    |                           |                              |
| (TRA EXPENSE   |                               | LOSS PAY         | CIVIL AUTH               | \$STUDE              |                           | MFG LOC  LDR LOC (DESC BELOV |
| DAYS PERIO   | OD REST                       | %%               |                          | DAYS \$ OTHER SERV / | INC REGEOO L              | EDIT COC (DESC BELOV         |
| AME(S) AND ADDRES<br>305 Spring Moui<br>t. Helena, CA 94 | SS(ES) FOR OFF PREM POWER     | R OR DEPEND PROP |                          |                      |                           |                              |
| THER COVERAGES   |                               |                  |                          |                      |                           |                              |
|  |                               |                  |                          |                      |                           |                              |
|  |                               |                  |                          |                      |                           |                              |
|  |                               |                  |                          |                      |                           |                              |
|  |                               |                  |                          |                      |                           |                              |
|  |                               |                  |                          |                      |                           |                              |
|  |                               |                  |                          |                      |                           |                              |
|  |                               |                  |                          |                      |                           |                              |

AGENCY CUSTOMER ID:

SPRIMOU-03

**JRYAUDES** 

# SIGNATURE

# Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

#### Applicable in CO

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# Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

## Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

# Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

# Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

# Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

# Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

# Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC |                    | STATE PRODUCER LICENSE NO<br>(Required in Florida) |
|-----------------------|--|--------------------|--|
| APPLICANT'S SIGNATURE |  | DATE<br>05/15/2020 | NATIONAL PRODUCER NUMBER                           |

| DISTRIBUTION OF PRINCE AND PROPERTY SECTION  ASSETTING AND THAT THE THANKS INCOME  PREMISES INFORMATION  PREMI     |   |  | AGENCY CUSTOMER ID: SPRIMOU-03   | JRYAUDES                         |
|--|---|--|--|----------------------------------|
| AGENCY Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.  CARRIER Chubb Limited  POLICY NUMBER  BOSINESS INFORMATION  PREMISES INFORMATION  PREMISES & 1  BUSINESS INCOME   BUSINESS INCOME   BUSINESS INCOME   EXTRA EXPENSE   BUSINESS INCOME   RENTAL VALUE    BUSINESS INCOME   EXTRA EXPENSE   BUSINESS INCOME   RENTAL VALUE    TYPE OF BUSINESS   ORDINARY PAYROLL   EXT PERIOD   POWER I HEAT   DED   POWER   BROAD FORM   LIMITED FORM    MINING   180 DAYS   MAX PERIOD   DAYS   S   COMM (DESCR BELOW)    MAX PERIOD   DAYS   S   STUDENTS   CONT LOC   MFG LOC    EXTRA EXPENSE   LIMIT LOSS PAY   CIVIL AUTH   DAYS   S   STUDENTS   CONT LOC   MFG LOC    EXTRA EXPENSE   LIMIT LOSS PAY   CIVIL AUTH   DAYS   SERVINC    NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP 2805 Spring Mountain    St. Helena, CA 94574  |   |  | EXPENSE / RENTAL VALUE   |                                  |
| PREMISES INFORMATION  PREMISES \$\frac{1}{2}\$ BUSINESS INCOME   BUSINESS INCOME   EXTRA EXPENSE   BUSINESS INCOME   RENTAL VALUE    BUSINESS INCOME   EXTRA EXPENSE   BUSINESS INCOME   RENTAL VALUE    PREMISES \$\frac{1}{2}\$ BUSINESS INCOME   EXTRA EXPENSE   BUSINESS INCOME   RENTAL VALUE    RENTAL VALUE    PREMISES INFORMATION   RENTAL VALUE    PREMISES INFORMATION   RENTAL VALUE   RENTAL VALUE    RENTAL VALUE    RENTAL VALUE   RENTAL VALUE    RENTAL VALUE   RENTAL VALUE    RENTAL VALUE    RENTAL VALUE   RENTAL VALUE    RENTAL VALUE    RENTAL VALUE   RENTAL VALUE    RENTAL VALU | AGENCY  |  | CARRIER  | NAIC CODE                        |
| PREMISES # 1 BUSINESS INCOME   BUSINESS INCOME   EXTRA EXPENSE   BUSINESS INCOME   RENTAL VALUE    BUILDING # 2  TYPE OF BUSINESS   ORDINARY PAYROLL   EXT PERIOD   POWER / HEAT   DEPEND PROP    NON MFG   EXCL   INCL   DAYS   DED   POWER   BROAD FORM   LIMITED FORM    MFG   90 DAYS   MO PERIOD   ELEC MEDIA   WATER    MINING   180 DAYS   LIMIT   DAYS   COMM (DESCR BELOW)    """ WATER   TUITION FEES    EXTRA EXPENSE   LIMIT LOSS PAY   DAYS   STUDENTS   CONT LOC   MFG LOC    EXTRA EXPENSE   LIMIT LOSS PAY   DAYS   SERV / INC    DAYS PERIOD REST   % % %  NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP 2805 Spring Mountain    St. Helena, CA 94574   | POLICY NUMBER   |  |  |                                  |
| BUILDING #: 2  EXTRA EXPENSE  WIGO EXTRA EXPENSE  WIGO EXTRA EXPENSE  WIGO EXTRA EXPENSE  EXTRA EXPENSE  RENTAL VALUE  RENTAL VA     |   |  |  |                                  |
| NON MFG EXCL INCL DAYS S DED POWER WATER  MFG 90 DAYS MO PERIOD DAYS  MINING 180 DAYS LIMIT DAYS  MAX PERIOD DAYS  EXTRA EXPENSE LIMIT LOSS PAY  DAYS PERIOD REST  DAYS STUDENTS  S STUDEN     | Bosiness income? Bosi   |  |  | RENTAL VALUE                     |
|  | TYPE OF BUSINESS ORDINARY PAYROLL  NON MFG  MFG  MINING  MINING  MAX PERIOD  EXTRA EXPENSE  DAYS PERIOD REST  DAYS PERIOD REST  MAX PERIOD  **S  **S  **NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  2805 Spring Mountain  St. Helena, CA 94574 | POWER / HEA' \$ ELEC MEDIA  ORD OR LAW  CIVIL AUTH | TOFF PREM POWER DED POWER DAYS COMM (DESCR BELOW) DAYS TUITION FEES S STUDENTS CONT LO | OP ORM LIMITED FORM  % C MFG LOC |

Page 1 of 3

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| ADDITIONAL PRE                        | EMISES INFORMATIO             | N           |             | AGENCY CUSTOMER ID:  | SPRIMOU-03                | JRYAUDES             |
|---------------------------------------|-------------------------------|-------------|-------------|----------------------|---------------------------|----------------------|
| PREMISES #: 1                         | BUSINESS INCOME EXTRA EXPENSE |             | SS INCOME   | EXTRA EXPENSE        | BUSINESS INCOME /         | RENTAL VALUE         |
| BUILDING # 3                          |                               | 1 1         | TRA EXPENSE |                      | RENTAL VALUE              |                      |
| TYPE OF BUSINESS                      | ORDINARY PAYROLL              | EXT PERIOD  | POWER/HEAT  | DED POWER            | DEPEND PROP<br>BROAD FORM | LIMITED FORM         |
| NON MFG                               | EXCL INCL                     | DAYS        | ELEC MEDIA  | FOWER                | BROAD FORM                | I LIMITED FORM       |
| MFG                                   | 90 DAYS                       | MO PERIOD   | ELEC MEDIA  | DAYS COMMIDESCRIBE   | 1014                      |                      |
| MINING % COINS                        | 180 DAYS                      | LIMIT       | ORD OR LAW  | DAYS COMM (DESCR BE  | COIN COIN                 | %                    |
| % COINS                               | \$                            | MAX PERIOD  |             | DAYS TUITION FEES    |                           | _                    |
|                                       |                               | IT LOSS PAY | CIVIL AUTH  | \$ STUDE             |                           | MFG LOC              |
| EXTRA EXPENSE                         | LIM                           |             |             | DAYS \$ OTHER SERV / | ED REC LOC LINC           | LDR LOC (DESC BELOW) |
| DAYS PERI                             | OD REST —                     | %%%%        |             |                      |                           |                      |
| 2805 Spring Mour<br>St. Helena, CA 94 | ntain<br>1574                 |             |             |                      |                           |                      |
|                                       |                               |             |             |                      |                           |                      |
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SIGNATURE AGENCY CUSTOMER ID: SPRIMOU-03 JRYAUDES

# Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

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# Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

# Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

# Applicable in KY, NY, OH and PA

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| producer's signature<br>QCX | PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC |                    | STATE PRODUCER LICENSE NO<br>(Required in Florida) |  |
|-----------------------------|--|--------------------|--|--|
| APPLICANT'S SIGNATURE       |  | DATE<br>05/15/2020 | NATIONAL PRODUCER NUMBER                           |  |

|                            |                                  |                 |                          | AGENCY CUSTOMER ID: SPRIMOU-03   | JRYAUDES                        |
|----------------------------|----------------------------------|-----------------|--------------------------|--|---------------------------------|
| ACO                        | RD BUSII                         |                 |                          | EXPENSE / RENTAL VALUE PROPERTY SECTION                                      | DATE (MM/DD/YYYY)<br>05/15/2020 |
| AGENCY<br>Arthur J. Gallag | gher & Co. Insurance             |                 |                          | CARRIER<br>Chubb Limited   | NAIC CODE                       |
| POLICY NUMBER              |                                  |                 | 06/01/2020               | APPLICANT / FIRST NAMED INSURED Spring Mountain Vineyard, Inc.               |                                 |
| PREMISES INFO              | RMATION                          |                 |                          |  |                                 |
| PREMISES # 1 BUILDING # 4  | BUSINESS INCOME<br>EXTRA EXPENSE |                 | SS INCOME<br>TRA EXPENSE | EXTRA EXPENSE BUSINESS INCOME / RENTAL VALUE                                 | RENTAL VALUE                    |
| TYPE OF BUSINESS NON MFG   | ORDINARY PAYROLL  EXCL INCL      | EXT PERIOD DAYS | POWER / HEAT             | OFF PREM POWER         DEPEND PR           DED         POWER         BROAD F |                                 |
| MFG<br>MINING              | 90 DAYS<br>180 DAYS              | MO PERIOD       | ELEC MEDIA               | WATER DAYS   |                                 |
| % COINS                    |                                  | MAX PERIOD      | ORD OR LAW               | DAYS TUITION FEES  | %                               |
| EXTRA EXPENSE              | S LIMIT                          | LOSS PAY        | CIVIL AUTH               | \$ STUDENTS CONT LC  DAYS \$ OTHER ED REC LOC  SERV/INC                      |                                 |
| DAYS PER                   | IOD REST                         | % %<br>% %      |                          | SERV/INC   |                                 |
| OTHER COVERAGES            |                                  |                 |                          |  |                                 |
|                            |                                  |                 |                          |  |                                 |

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| ADDITIONAL PRI                       | EMISES INFORMATION  | AGENCY CUSTOMER ID: SPRIMOU-03   | JRYAUDES             |
|--------------------------------------|---|--|----------------------|
| PREMISES # 1                         | BUSINESS INCOME / BUSINESS INCOME                                     | EXTRA EXPENSE BUSINESS INCOME I  | RENTAL VALUE         |
| BUILDING # 5  TYPE OF BUSINESS       | EXTRA EXPENSE WIO EXTRA EXPENSE  ORDINARY PAYROLL EXT PERIOD POWER/HE | RENIAL VALUE   |                      |
| NON MFG                              | ORDINARY PAYROLL EXT PERIOD POWER/HE  EXCL INCL DAYS \$               | AT         OFF PREM POWER         DEPEND PROP           DED         POWER         BROAD FORM | LIMITED FORM         |
| MFG                                  | 90 DAYS MO PERIOD ELEC MED  |  |                      |
| MINING                               | 180 DAYS LIMIT  | DAYS COMM (DESCR BELOW) COIN   | αμ                   |
| % COINS                              | MAX PERIOD ORD OR LA  | DAYS TUITION FEES  | . 70                 |
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| EXTRA EXPENSE                        | LIMIT LOSS PAY  | DAYS \$ OTHER ED SERV / INC  | LDR LOC (DESC BELOW) |
| DAYS PERI                            | OD REST   |  |                      |
| 2805 Spring Mou<br>St. Helena, CA 94 | SKES) FOR OFF PREM POWER OR DEPEND PROP<br>ntain<br>1574              |  |                      |
|                                      |   |  |                      |
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AGENCY CUSTOMER ID: SIGNATURE

SPRIMOU-03

**JRYAUDES** 

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| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC | STATE PRODUCER LICENSE NO (Required in Florida) |                          |
|-----------------------|--|---|--------------------------|
| APPLICANT'S SIGNATURE |  | 05/15/2020                                      | NATIONAL PRODUCER NUMBER |

| AGEN   | CY CUSTOMER ID: SPRIMOU-03 JRYAUDES  |
|--|--|
| BUSINESS INCOME / EXTRA EXPI   |  |
| AGENCY CARRIE  |  |
|  | ant / first named insured<br>g Mountain Vineyard, Inc.   |
| PREMISES INFORMATION   |  |
| PREMISES # 1  BUSINESS INCOME   BUSINESS INCOME    BUILDING # 6  BUSINESS INCOME   W/O EXTRA EXPENSE   E | EXTRA EXPENSE BUSINESS INCOME / RENTAL VALUE   |
| EXTRA EXPENSE LIMIT LOSS PAY   | OFF PREM POWER POWER WATER COMM (DESCR BELOW)  TUITION FEES \$ STUDENTS \$ CONT LOC MFG LOC REC LOC LDR LOC (DESC BELOW) |

Page 1 of 3

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| REMISES #: 1   |              | DUICINE   |          |             |                  |                          |      |                |                |         |              | Bulletone 17 |                |
|--|--------------|-----------|----------|-------------|------------------|--------------------------|------|----------------|----------------|---------|--------------|--------------|----------------|
| JILDING # 7  | L            | EXTRA     | SS INCON | IE/         | BUSINE<br>W/O EX | SS INCOME<br>FRA EXPENSE | 100  | EXTRA EXPENSE  | BUSI<br>RENT   | NESS IN | COME !<br>UE |              | RENTAL VALUE   |
| PE OF BUSINESS   |              | IARY PAYR | 7        | EXT PE      |                  | POWER/HEAT               | 050  | OFF PREM POWER |                | 1       | EPEND PRO    |              |                |
| NON MFG  | E            | XCL       | INCL     |             | DAYS             | S ELEC MEDIA             | DED  | POWER          |                |         | BROAD FOR    | KW [] L      | IMITED FORM    |
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| TO A SUPERIOR  | 1            | 4         | 1.164    | IT LOSS PAY |                  | CIVIL AUTH               |      |                | DENTS          |         | CONT LOC     | MFG          |                |
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| AME(S) AND ADDRES<br>805 Spring Mour<br>t. Helena, CA 94 | ntain<br>574 |           |          |             |                  |                          |      |                |                |         |              |              |                |
| HER COVERAGES  |              |           |          |             | _                |                          |      |                |                |         |              |              |                |
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| DIOMATICE: | AGENCY CUSTOMER ID: | SPRIMOU-03 | JRYAUDES |
|------------|---------------------|------------|----------|
| SIGNATURE  |                     |            |          |

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

#### Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

# Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

# Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

# Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

## Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

# Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

# Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

| producer's signature<br>QCX | PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC | STATE PRODUCER LICENSE NO (Required in Florida) |
|-----------------------------|--|---|
| APPLICANT'S SIGNATURE       | DATE<br>05/15/2020                                     | NATIONAL PRODUCER NUMBER                        |

| BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE SUPPLEMENT TO PROPERTY SECTION  O5/15/20  AGENCY Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.  CARRIER Chubb Limited  POLICY NUMBER  EFFECTIVE DATE O6/01/2020 Spring Mountain Vineyard, Inc.  PREMISES INFORMATION  PREMISES #: 2 BUSINESS INCOME / BUSINESS INCOME / BUSINESS INCOME / W/O EXTRA EXPENSE BUSINESS INCOME / RENTAL VALUE  RENTAL  TYPE OF BUSINESS ORDINARY PAYROLL EXT PERIOD POWER / HEAT OFF PREM POWER POWER  NON MFG SCOINS MO PERIOD BLEC MEDIA WATER MINING 180 DAYS LIMIT ORD ORD OR LAW TUITION FEES STUDENTS CONT LOC MFG LOC        |                                       |                          |                   |                 | AGENCY CUSTOMER II | SPRIMOU-03                        | JRYAUDES             |
|---|---------------------------------------|--------------------------|-------------------|-----------------|--------------------|-----------------------------------|----------------------|
| AGENCY Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.  CARRIER Chubb Limited  APPLICANT / FIRST NAMED INSURED Spring Mountain Vineyard, Inc.  PREMISES INFORMATION  PREMISES # 2 BUSINESS INCOME / EXTRA EXPENSE BUILDING # 1  TYPE OF BUSINESS ORDINARY PAYROLL EXT PERIOD DAYS \$ DED DAYS \$ DED DAYS \$ DED DAYS \$ COMM (DESCR BELOW) COIN #  **COINS \$ STUDENTS CONT LOC MFG LOC EXTRA EXPENSE  EXTRA EXPENSE  CIVIL AUTH DAYS  TUTITION FEES SERY / INC  DAYS PERIOD REST  **SERY / INC  **SERY | ACO                                   | RD BUSH                  |                   |                 | EXPENSE / REN      | TAL VALUE                         | DATE (MM/DD/YYYY)    |
| Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.  Chubb Limited  EFFECTIVE DATE O6/01/2020  PREMISES INFORMATION  PREMISES # 2 BUSINESS INCOME   BUSINESS INCOME   WIO EXTRA EXPENSE   EXTRA EXPENSE   BUSINESS INCOME   RENTAL VALUE   RENTAL      |                                       |                          | SUPPLE            | MENT TO F       |                    | N                                 | 05/15/2020           |
| PREMISES INFORMATION  PREMISES #: 2  BUSINESS INCOME   BUSINESS INCOME   BUSINESS INCOME   EXTRA EXPENSE   BUSINESS INCOME   RENTAL VALUE   R      | <sup>AGENCY</sup><br>Arthur J. Gallag | her & Co. Insurance      | Brokers of CA., I | nc.             |                    |                                   | NAIC CODE            |
| BUSINESS INCOME   BUSINESS INCOME   BUSINESS INCOME   BUSINESS INCOME   RENTAL VALUE   RENTAL VA      | POLICY NUMBER                         |                          |                   |                 |                    |                                   |                      |
| BUILDING #: 1 EXTRA EXPENSE WIFO EXTRA EXPENSE EXTRA EXPENSE RENTAL VALUE RENTAL VA      | PREMISES INFOR                        | RMATION                  |                   |                 |                    |                                   |                      |
| TYPE OF BUSINESS ORDINARY PAYROLL EXT PERIOD POWER I HEAT OFF REM POWER DEPEND PROP  NON MFG EXCL INCL DAYS DED POWER BROAD FORM LIMITED FORM MFG 90 DAYS MO PERIOD DAYS COMM (DESCR BELOW)  % COINS MAX PERIOD DAYS  WATER DAYS  ORD OR LAW  TUITION FEES  EXTRA EXPENSE LIMIT LOSS PAY DAYS SERV / INC  DAYS PERIOD REST  % % % % 101 Spring Mountain Road  St. Helena, CA 94574  |                                       |                          |                   |                 | EXTRA EXPENSE      | BUSINESS INCOME /<br>RENTAL VALUE | RENTAL VALUE         |
| MFG 90 DAYS MO PERIOD LIMIT DAYS COMM (DESCR BELOW)  % COINS S MAX PERIOD DAYS  **COINS S MAX PERIOD DAYS  **COINS S STUDENTS CONT LOC MFG LOC  EXTRA EXPENSE LIMIT LOSS PAY  DAYS PERIOD REST  **DAYS SERV / INC  **CONT LOC MFG LOC  LIDR LOC (DESCRIPTION OF LAW DAYS  **STUDENTS CONT LOC MFG LOC  **CONT LOC MFG LOC  LIDR LOC (DESCRIPTION OF LAW DAYS  **STUDENTS CONT LOC MFG LOC  **CONT LOC MFG LOC  LIDR LOC (DESCRIPTION OF LAW DAYS  **STUDENTS CONT LOC MFG LOC  **LOC MFG LOC  LIDR LOC (DESCRIPTION OF LAW DAYS  **STUDENTS CONT LOC MFG LOC  **STUDENTS CONT LOC MFG LOC  **LOC MFG LOC  LIDR LOC (DESCRIPTION OF LAW DAYS  **STUDENTS CONT LOC MFG LOC  **LOC MFG LOC  LIDR LOC (DESCRIPTION OF LAW DAYS  **STUDENTS CONT LOC MFG LOC  **STUDENTS CONT LOC MFG LOC  **LOC MFG LOC  LIDR LOC (DESCRIPTION OF LAW DAYS  **STUDENTS CONT LOC MFG LOC  **LOC MFG LOC  LIDR LOC (DESCRIPTION OF LAW DAYS  **STUDENTS CONT LOC MFG LOC  **LOC MFG LOC  LIDR LOC (DESCRIPTION OF LAW DAYS  **STUDENTS CONT LOC MFG LOC  LIDR LOC (DESCRIPTION OF LAW DAYS  **STUDENTS CONT LOC MFG LOC  LIDR LOC (DESCRIPTION OF LAW DAYS  **STUDENTS CONT LOC MFG LOC  LIDR LOC (DESCRIPTION OF LAW DAYS  **STUDENTS CONT LOC MFG LOC  LIDR LOC (DESCRIPTION OF LOC MFG LOC MFG LOC  LIDR LOC (DESCRIPTION OF LOC MFG LO      |                                       | ORDINARY PAYROLL         | EXT PERIOD        | POWER / HEAT    | OFF PREM POWER     | R DEPEND PRO                      | p                    |
| MINING  % COINS  % COINS  MAX PERIOD  ORD OR LAW  DAYS  TUITION FEES  TUITION FEES  S STUDENTS  CONT LOC MFG LOC  REC LOC LDR LOC (DES  VAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  3101 Spring Mountain Road  St. Helena, CA 94574  | NON MFG                               | EXCL INCL                | DAYS              | s               | DED POWER          | BROAD FOI                         | RM LIMITED FORM      |
| % COINS  % COINS  % COINS  MAX PERIOD  DAYS  TUITION FEES  S STUDENTS  CONT LOC MFG LOC  REC LOC LDR LOC (DES  DAYS PERIOD REST  % %  WAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  1101 Spring Mountain Road  51. Helena, CA 94574  | MFG                                   | 90 DAYS                  | MO PERIOD         | ELEC MEDIA      | WATER              |                                   |                      |
| % COINS  S  MAX PERIOD  DAYS  S  STUDENTS  S  CONT LOC  MFG LOC  MFG LOC  CIVIL AUTH  DAYS  SERV / INC  DAYS PERIOD REST  %  %  MAX PERIOD  DAYS  S  STUDENTS  S  OTHER ED  SERV / INC  REC LOC  LDR LOC (DES  LAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  10101 Spring Mountain Road  31. Helena, CA 94574  | MINING                                | 180 DAYS                 | LIMIT             |                 | DAYS COMM (DESCR   | BELOW) COIN                       | 0/                   |
| CONT LOC MFG LOC  ATRA EXPENSE  LIMIT LOSS PAY  DAYS  DAYS PERIOD REST  %  %  SERV / INC  DAYS PERIOD REST  %  MARGE(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP  101 Spring Mountain Road  5t. Helena, CA 94574   | % COINS                               |                          | MAX PERIOD        | ORD OR LAW      | TUITION FEES       |                                   |                      |
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| DAYS PERIOD REST  ———————————————————————————————————   | XTRA EXPENSE                          | LIMIT                    | LOSS PAY          | - COLUMN TO THE | DAYS \$ OTH        | ER ED REC LOC                     | LDR LOC (DESC BELOW) |
| IAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP<br>I 101 Spring Mountain Road<br>St. Helena, CA 94574   | DAYS PERI                             | ODREST                   |                   |                 | O Late             | 71110                             |                      |
| 8101 Spring Mountain Road<br>St. Helena, CA 94574   | IAMERON AND ADDRESS                   | PECES FOR OFF PREM POWER |                   |                 |                    |                                   |                      |
|   | OTHER COVERAGES                       |                          |                   |                 |                    |                                   |                      |
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| DITIONAL PR                  | EMISI          | ES INFO   | RMATIO    | N            |                         | AGE  | NCY CUSTOMER ID: SPRI  | MOU-03         | JRYAUD             |
|------------------------------|----------------|-----------|-----------|--------------|-------------------------|------|------------------------|----------------|--------------------|
| MISES# 3                     |                | BUSIN     | ESS INCOM | ME / BUSINES | SS INCOME<br>RA EXPENSE |      | EXTRA EXPENSE BUS      | INESS INCOME / | RENTAL VALUE       |
| E OF BUSINESS                | ORDI           | NARY PAYE | ROLL      | EXT PERIOD   | POWER/HEAT              |      | OFF PREM POWER         | DEPEND PROP    |                    |
| NON MFG                      |                | EXCL _    | INCL      | DAYS         | \$                      | DED  | POWER                  | BROAD FORM     | LIMITED FORM       |
| MFG                          |                | 90 DAYS   |           | MO PERIOD    | ELEC MEDIA              |      | WATER                  |                |                    |
| MINING                       | -              | 180 DAYS  | S         | LIMIT        | ORD OR LAW              | DAYS | COMM (DESCR BELOW)     | COIN           | %                  |
| % COINS                      |                | \$        |           | MAX PERIOD   |                         | DAYS | TUITION FEES           |                | ٦                  |
| RA EXPENSE                   | 12             | - NY      | LIN       | IIT LOSS PAY | CIVIL AUTH              |      | \$STUDENTS             | CONT LOC       | MFG LOC            |
| DAYS PER                     | IOD DE         | ет        |           | %%           |                         | DAYS | \$ OTHER ED SERV / INC | REC LOC        | LDR LOC (DESC BELC |
| DATO PER                     | IOD RE         | .01       |           | %%           |                         |      |                        |                |                    |
| 9 Spring Mou<br>Helena, CA 9 | intain<br>4574 | Road      |           |              |                         |      |                        |                |                    |
| ER COVERAGES                 |                |           |           |              |                         |      |                        |                |                    |
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|           | AGENCY CUSTOMER ID: | SPRIMOU-03 | JRYAUDES |
|-----------|---------------------|------------|----------|
| SIGNATURE |                     |            |          |

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

#### Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

# Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

## Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

# Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

# Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

## Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

# Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

# Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand collars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC |                    | STATE PRODUCER LICENSE NO<br>(Required in Florida) |
|-----------------------|--|--------------------|--|
| APPLICANT'S SIGNATURE |  | DATE<br>05/15/2020 | NATIONAL PRODUCER NUMBER                           |

|   |  |                                   |                                     | AGENCY CUSTO                            |                        |                             | JRYAUDES                        |
|---|--|-----------------------------------|-------------------------------------|---|------------------------|-----------------------------|---------------------------------|
| ACO   | RD° BUSIN                                      |                                   |                                     | A EXPENSE /<br>PROPERTY SE              |                        | ALUE                        | DATE (MM/DD/YYYY)<br>05/15/2020 |
| <sup>AGENCY</sup><br>Arthur J. Gallag         | jher & Co. Insurance                           |                                   |                                     | CARRIER<br>Chubb Limited                |                        |                             | NAIC CODE                       |
| POLICY NUMBER                                 |  |                                   | 06/01/2020                          | APPLICANT / FIRST NA<br>Spring Mountain |                        |                             |                                 |
| PREMISES INFOR                                | RMATION  |                                   |                                     |   |                        |                             |                                 |
| PREMISES # 3 BUILDING # 2                     | BUSINESS INCOME<br>EXTRA EXPENSE               | BUSINE<br>W/O EX                  | SS INCOME<br>TRA EXPENSE            | EXTRA EXPENS                            |                        | INESS INCOME /<br>TAL VALUE | RENTAL VALUE                    |
| TYPE OF BUSINESS  NON MFG  MFG  MINING  COINS | ORDINARY PAYROLL  EXCL INCL  90 DAYS  180 DAYS | DAYS MO PERIOD  LIMIT  MAX PERIOD | POWER / HEA'S ELEC MEDIA ORD OR LAW | DED POWE WATER                          | R<br>I (DESCR BELOW)   | DEPEND PROP BROAD FORM COIN |                                 |
| EXTRA EXPENSE                                 |  | LOSS PAY                          | CIVIL AUTH                          | DAYS \$                                 | OTHER ED<br>SERV / INC | RECLOC                      | LDR LOC (DESC BELOW)            |
| DAYS PERI                                     | OD REST  | %%<br>%%                          |                                     |   | o Entri into           |                             |                                 |
| OTHER COVERAGES                               |  |                                   |                                     |   |                        |                             |                                 |
|   |  |                                   |                                     |   |                        |                             |                                 |
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| ADDITIONAL PRI   | <b>EMISES</b> | INFORMATION       | u                |               | AGENCY CUSTOMER ID:       | SPRIMOU-03        | JRYAUDES             |
|--|---------------|-------------------|------------------|---------------|---------------------------|-------------------|----------------------|
| PREMISES #: 3  | LIVIIOLO      | BUSINESS INCOM    | E/ BUSINE        | SS INCOME     | EXTRA EXPENSE             | BUSINESS INCOME / | RENTAL VALUE         |
| BUILDING # 3   | $\perp$       | EXTRA EXPENSE     | └── W/O EX       | TRA EXPENSE   | EXTICAL EXTENSE           | RENTAL VALUE      | The Vite Vite Vie    |
| TYPE OF BUSINESS   |               | RY PAYROLL        | EXT PERIOD       | POWER/HEAT    | DED POWER                 | DEPEND PROP       | - UNITED FORM        |
| NON MFG  | EXC           |                   | DAYS             | \$ ELEC MEDIA | FOWER                     | BROAD FORM        | LIMITED FORM         |
| MFG  |               | D DAYS<br>80 DAYS | MO PERIOD LIMIT  | LEEU INCDIA   | DAYS WATER COMM (DESCR BE | COM               |                      |
| % COINS  |               | DU DATS           |                  | ORD OR LAW    |                           | COIN              | %                    |
| % out to   | \$            |                   | MAX PERIOD       |               | DAYS TUITION FEES         |                   | ٦ ا                  |
| EXTRA EXPENSE  |               |                   | IT LOSS PAY      | CIVIL AUTH    | \$STUDE                   | 11 1 1 1 1        | MFG LOC              |
|  | OD DEOT       |                   | %%               |               | DAYS \$ OTHER SERV /      | INC REC LOC       | LDR LOC (DESC BELOW) |
| DAYS PERI  | IOD REST      |                   | %%               |               |                           |                   |                      |
| NAME(S) AND ADDRES<br>2849 Spring Mou<br>St. Helena, CA 94 | intain Ro     | oad PREMIFOWE     | K OR DEPEND PROP |               |                           |                   |                      |
| OTHER COVERAGES  |               |                   |                  |               |                           |                   |                      |
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|           | AGENCY CUSTOMER ID: | SPRIMOU-03 | JRYAUDES |
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#### Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto commits a fraudulent insurance act.

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Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC |                    | STATE PRODUCER LICENSE NO (Required in Florida) |
|-----------------------|--|--------------------|---|
| APPLICANT'S SIGNATURE |  | DATE<br>05/15/2020 | NATIONAL PRODUCER NUMBER                        |

| ACO  | RD BUSI                          |  |  | EXF                      | NCY CUSTOMER ID: SPRIM<br>PENSE / RENTAL VA<br>ERTY SECTION | ALUE                       | DATE (MM/DD/YYYY)<br>05/15/2020 |
|--|----------------------------------|--|--|--------------------------|---|----------------------------|---------------------------------|
| Agency<br>Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. |                                  |  |  | CARRIER<br>Chubb Limited |   |                            | NAIC CODE                       |
| OLICY NUMBER   |                                  | 06/01/2020   | APPLICANT / FIRST NAMED INSURED Spring Mountain Vineyard, Inc. |                          |   |                            |                                 |
| REMISES INFO   |                                  |  |  | en man                   | 1   |                            | gor man og                      |
| UILDING # 4  | BUSINESS INCOMI<br>EXTRA EXPENSE | BUSINE<br>W/O EX   | ESS INCOME<br>TRA EXPENSE                                      |                          | EXTRA EXPENSE BUSI  | NESS INCOME /<br>TAL VALUE | RENTAL VALUE                    |
| NON MFG  | ORDINARY PAYROLL  EXCL INCL      | EXT PERIOD DAYS  | POWER / HEA  | T<br>DED                 | OFF PREM POWER POWER  | DEPEND PROP<br>BROAD FORM  | A LIMITED FORM                  |
| MFG<br>MINING<br>% COINS   | 90 DAYS<br>180 DAYS              | MO PERIOD  | ORD OR LAW   | DAYS                     | COMM (DESCR BELOW)  | COIN                       | %                               |
|  | s                                | MAX PERIOD   | CIVIL AUTH   | DAYS                     | \$STUDENTS  | CONTLOC                    | MFG LOC                         |
| TRA EXPENSE  DAYS PER  |                                  | T LOSS PAY   |  | DAYS                     | \$ OTHER ED SERV / INC                                      | RECLOC                     | LDR LOC (DESC BELOV             |
| THER COVERAGES   |                                  | at A Province Constitution of the Constitution |  |                          |   |                            |                                 |
|  |                                  |  |  |                          |   |                            |                                 |
|  |                                  |  |  |                          |   |                            |                                 |
|  |                                  |  |  |                          |   |                            |                                 |
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|  |                                  |  |  |                          |   |                            |                                 |
|  |                                  |  |  |                          |   |                            |                                 |
|  |                                  |  |  |                          |   |                            |                                 |

Page 1 of 3

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| DDITIONAL PREPREMISES # 3           | 4        | BUSIN     | ESS INCOM |           | BUSINE     | SS INCOME     | 1 1  | EXTRA EXPENSE  | 50011120 | S INCOME !  | RENTAL VALUE       |
|-------------------------------------|----------|-----------|-----------|-----------|------------|---------------|------|----------------|----------|-------------|--------------------|
| UILDING # 5                         |          | EXTRA     | EXPENSE   |           | U W/O EX   | TRA EXPENSE   |      | EXTENSE        | RENTAL   | VALUE       | MENTAL VALUE       |
| PE OF BUSINESS                      |          | IARY PAYR | _         |           | EXT PERIOD | POWER/HEA     |      | OFF PREM POWER | -        | DEPEND PROP |                    |
| NON MFG                             | LE       | XCL       | INCL      |           | DAYS       | \$ ELEC MEDIA | DED  | POWER          |          | BROAD FORM  | LIMITED FORM       |
| MFG                                 | -        | 90 DAYS   |           |           | MO PERIOD  | ELEC WEDIA    | DAYS | WATER          |          |             |                    |
| MINING                              | $\vdash$ | 180 DAYS  | i         | <u></u>   | LIMIT      | ORD OR LAW    |      | COMM (DESCR BE | LOW)     | COIN        | . %                |
| % COINS                             |          | \$        |           | $\square$ | MAX PERIOD | ,             | DAYS | TUITION FEES   |          |             |                    |
|                                     | -        |           |           |           |            | CIVIL AUTH    |      | \$ STUDE       |          | CONT LOC    | MFG LOC            |
| (TRA EXPENSE                        |          |           | LIM       | IT LOSS   |            |               | DAYS | \$ OTHER SERV  | RED      | REC LOC     | LDR LOC (DESC BELC |
| DAYS PERIO                          | OD RES   | ST        | _         | %<br>%    |            |               |      |                |          |             |                    |
| AME(S) AND ADDRES<br>349 Spring Mou | S/FS) F  | OR OFF P  | PEM POWE  |           |            |               |      |                |          |             |                    |
| THER COVERAGES                      |          |           |           |           |            |               |      |                |          |             |                    |
|                                     |          |           |           |           |            |               |      |                |          |             |                    |
|                                     |          |           |           |           |            |               |      |                |          |             |                    |
|                                     |          |           |           |           |            |               |      |                |          |             |                    |

|           | AGENCY CUSTOMER ID: | SPRIMOU-03 | JRYAUDES |
|-----------|---------------------|------------|----------|
| SIGNATURE |                     |            |          |

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

# Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

# Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

# Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

# Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

## Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

# Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

# Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

# Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand collars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

| PRODUCER'S SIGNATURE  | PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC |                    | STATE PRODUCER LICENSE NO (Required in Florida) |
|-----------------------|--|--------------------|---|
| APPLICANT'S SIGNATURE |  | DATE<br>05/15/2020 | NATIONAL PRODUCER NUMBER                        |

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| ADDITIONAL DES  | EMICEC INCORMATION                                     | AGENCY CUSTOMER ID: SPRIMOU-03   | JRYAUDES        |
|---|--|--|-----------------|
| PREMISES #. 4   | EMISES INFORMATION                                     |  |                 |
| BUILDING # 1  | BUSINESS INCOME / BUSINESS INCOME W/O EXTRA EXPENSE    | EXTRA EXPENSE BUSINESS INCOME / RENTAL VALUE   | RENTAL VALUE    |
| TYPE OF BUSINESS  | ORDINARY PAYROLL EXT PERIOD POWER/HEAT                 | OFF PREM POWER DEPEND PROP   |                 |
|   | E BATTOMOD E   | DED TO THE STATE OF THE STATE O | MITED FORM      |
| NON MFG   | EACL INCL DATS   |  |                 |
| MFG   | I III I            | DAYS COMM (DESCR BELOW)  |                 |
| MINING  | 180 DAYS LIMIT   | DAYS COMM (DESCR BELOW) COIN %   |                 |
| % COINS   | MAX PERIOD ORD OR LAW                                  | TUITION FEES   |                 |
|   | \$   | DAYS \$ STUDENTS CONT LOC MFG L  | .oc             |
| EXTRA EXPENSE   | LIMIT LOSS PAY CIVIL AUTH                              |  | OC (DESC BELOW) |
| DAYS PERI   | OD REST%%  | DAYS \$ OTHER ED REC LOC LDR LO  |                 |
| DATS FER  | %%   |  |                 |
| NAME(S) AND ADDRES<br>1150 Dowdell Lar<br>Wine Storage<br>St. Helena, CA 94 | SS(ES) FOR OFF PREM POWER OR DEPEND PROP<br>1e<br>1574 |  |                 |
| OTHER COVERAGES   |  |  |                 |
|   |  |  |                 |

| AND AND A STORY AND A STORY | AGENCY CUSTOMER ID: | SPRIMOU-03 | JRYAUDES |
|-----------------------------|---------------------|------------|----------|
| SIGNATURE                   |                     |            |          |

### Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

### Applicable in CO

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### Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

# Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto commits a fraudulent insurance act.

### Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

### Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

### Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| PRODUCER'S SIGNATURE<br>QCXX | PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC |                    | STATE PRODUCER LICENSE NO<br>(Required in Florida) |
|------------------------------|--|--------------------|--|
| APPLICANT'S SIGNATURE        |  | DATE<br>05/15/2020 | NATIONAL PRODUCER NUMBER                           |

| ACO   | RD BUSI  |   |                            | EXP                | CY CUSTOMER ID: SPRIFE ENSE / RENTAL VIERTY SECTION |  | DATE (MM/DD/YYY)<br>05/15/2020 |
|---|--|---|----------------------------|--------------------|---|--|--------------------------------|
| AGENCY<br>Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.  |  |   |                            |                    | ER<br>Limited                                       |  | NAIC CODE                      |
| POLICY NUMBER EFFECTIVE DATE 06/01/2020                             |  |   |                            |                    | NT / FIRST NAMED INSURED<br>Mountain Vineyard, Inc  |  |                                |
| REMISES INFOR   |  | en dilina   |                            |                    | Verify and  |  | poor room                      |
| JILDING # 1   | BUSINESS INCOME<br>EXTRA EXPENSE               | BUSINE<br>W/O EX  | ESS INCOME<br>(TRA EXPENSE | E                  |   | INESS INCOME /<br>TAL VALUE                    | RENTAL VALUE                   |
| PE OF BUSINESS  NON MFG MFG MINING % COINS  KTRA EXPENSE  DAYS PERI | OD REST  SS(ES) FOR OFF PREM POWER  Intain Rd. | DAYS  MO PERIOD  LIMIT  MAX PERIOD  LOSS PAY  -%  %  %  TOR DEPEND PROP | ELEC MEDIA                 | DED DAYS DAYS DAYS |   | DEPEND PROP BROAD FORM  COIN  CONT LOC REC LOC |                                |
|   |  |   |                            |                    |   |  |                                |

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| ADDITIONAL PRE                       | EMISI | ES INFOR  | RMATIO    | N          |                   |       |                  | AGE  | NCY CUSTOMER ID: S | PRIMOU-     | 03          | JRYAUDES             |
|--------------------------------------|-------|-----------|-----------|------------|-------------------|-------|------------------|------|--------------------|-------------|-------------|----------------------|
| PREMISES # 5 BUILDING # 2            |       | BUSINE    | ESS INCOM | IE/        | BUSINE<br>W/O FX* | SS IN | ICOME<br>EXPENSE |      | EXTRA EXPENSE      | BUSINESS IN |             | RENTAL VALUE         |
| TYPE OF BUSINESS                     | ORDI  | NARY PAYR |           | 1 11       | T PERIOD          | I NA  | POWER/HEAT       |      | OFF PREM POWER     |             | DEPEND PROP |                      |
| NON MFG                              |       | EXCL      | INCL      | F.         | DAYS              | \$    |                  | DED  | POWER              |             | BROAD FORM  | LIMITED FORM         |
| MFG                                  |       | 90 DAYS   |           | MC         | PERIOD            |       | ELEC MEDIA       |      | WATER              |             |             |                      |
| MINING                               | L     | 180 DAYS  |           |            | LIMIT             |       |                  | DAYS | COMM (DESCR BELOV  | Λ)          | COIN        |                      |
| % COINS                              | L     |           |           | MA         | X PERIOD          |       | ORD OR LAW       |      | TUITION FEES       |             |             | *                    |
|                                      | -     | \$        |           |            |                   |       | AD 41 41 1914    | DAYS | \$ STUDENTS        |             | CONT LOC    | MFG LOC              |
| EXTRA EXPENSE                        |       |           | LIM       | IT LOSS PA | AY                | -     | CIVIL AUTH       | DAYS | © OTHER ED         |             | REC LOC     | LDR LOC (DESC BELOW) |
| DAYS PERI                            | OD RE | ST        |           | %          | %                 | _     |                  | DATO | SERV/INC           |             |             |                      |
| NAME(S) AND ADDRES                   |       |           |           | %          |                   |       |                  |      |                    |             |             |                      |
| 2820 Spring Mou<br>St. Helena, CA 94 | 1574  | i Ku.     |           |            |                   |       |                  |      |                    |             |             |                      |
| OTHER COVERAGES                      |       |           |           |            |                   |       |                  |      |                    |             |             |                      |
|                                      |       |           |           |            |                   |       |                  |      |                    |             |             |                      |
|                                      |       |           |           |            |                   |       |                  |      |                    |             |             |                      |
|                                      |       |           |           |            |                   |       |                  |      |                    |             |             |                      |
|                                      |       |           |           |            |                   |       |                  |      |                    |             |             |                      |
|                                      |       |           |           |            |                   |       |                  |      |                    |             |             |                      |
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|                                      |       |           |           |            |                   |       |                  |      |                    |             |             |                      |
|                                      |       |           |           |            |                   |       |                  |      |                    |             |             |                      |
|                                      |       |           |           |            |                   |       |                  |      |                    |             |             |                      |
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|                                      |       |           |           |            |                   |       |                  |      |                    |             |             |                      |
|                                      |       |           |           |            |                   |       |                  |      |                    |             |             |                      |
|                                      |       |           |           |            |                   |       |                  |      |                    |             |             |                      |
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|                                      |       |           |           |            |                   |       |                  |      |                    |             |             |                      |
|                                      |       |           |           |            |                   |       |                  |      |                    |             |             |                      |

AGENCY CUSTOMER ID:

SPRIMOU-03

**JRYAUDES** 

#### SIGNATURE

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# Applicable in ME, TN, VA and WA

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| RODUCER'S SIGNATURE PRODUCER'S NAME (Please Print)  Q ( |  |            | STATE PRODUCER LICENSE NO (Required in Florida) |
|---|--|------------|---|
| APPLICANT'S SIGNATURE                                   |  | 05/15/2020 | NATIONAL PRODUCER NUMBER                        |

ACORD 810 (2014/12)

|  |   |  | AGENCY CUSTOMER ID: SPRIMOU-0   |                              |
|--|---|--|---|------------------------------|
| ACORD  |   |  | EXPENSE / RENTAL VALUE<br>PROPERTY SECTION                                      | DATE (MM/DD/YYYY) 05/15/2020 |
| <sub>ENCY</sub><br>thur J. Gallagh <mark>er &amp; Co. ins</mark>                                   |   |  | CARRIER<br>Chubb Limited  | NAIC CODE                    |
| LICYNUMBER   |   | 06/01/2020                                       | APPLICANT / FIRST NAMED INSURED Spring Mountain Vineyard, Inc.                  | (-Maritimate)                |
| REMISES INFORMATION  |   |  |   |                              |
| CHICCO & E   |   | SS INCOME<br>TRA EXPENSE                         | EXTRA EXPENSE BUSINESS IN RENTAL VAL  |                              |
| PE OF BUSINESS ORDINARY PAYRO NON MFG EXCL MFG 90 DAYS MINING 180 DAYS  **COINS**  **TRA EXPENSE** | INCL EXT PERIOD  DAYS  MO PERIOD  LIMIT  MAX PERIOD  LIMIT LOSS PAY | POWER / HEAT \$ ELEC MEDIA ORD OR LAW CIVIL AUTH | DED POWER  POWER  WATER  COMM (DESCR BELOW)  TUITION FEES  S STUDENTS  OTHER ED | COIN                         |
| DAYS PERIOD REST   | %%  |  | DAYS SERV/INC   |                              |
| 20 Spring Mountain Rd Helena, CA 94574  HER COVERAGES  | <i>y</i>  |  |   |                              |
|  |   |  |   |                              |

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| DITIONAL PRI            | EMISES INFORMATION               |                 |                         | AGENCY CUSTOMER ID: |                                |                    |
|-------------------------|----------------------------------|-----------------|-------------------------|---------------------|--------------------------------|--------------------|
| MISES #:                | BUSINESS INCOME<br>EXTRA EXPENSE | BUSINES W/O EXT | SS INCOME<br>RA EXPENSE | EXTRA EXPENSE       | BUSINESS INCOME / RENTAL VALUE | RENTAL VALUE       |
| DING #<br>E OF BUSINESS | ORDINARY PAYROLL                 | EXT PERIOD      | POWER/HEAT              | OFF PREM POWER      | DEPEND PROP                    |                    |
| NON MFG                 | EXCL INCL                        | DAYS            | \$                      | DED POWER           | BROAD FORM                     | LIMITED FORM       |
| MFG                     | 90 DAYS                          | MO PERIOD       | ELEC MEDIA              | WATER               |                                |                    |
| MINING                  | 180 DAYS                         | LIMIT           |                         | DAYS COMM (DESCR BE | LOW                            |                    |
| % COINS                 |                                  | 1-              | ORD OR LAW              |                     | COIN                           | %                  |
|                         | \$                               | MAX PERIOD      |                         | DAYS TUITION FEES   |                                |                    |
| RA EXPENSE              |                                  | LOSS PAY        | CIVIL AUTH              | \$ STUDE            |                                | MFG LOC            |
| KA EXPENSE              | LITTE                            |                 | 112                     | DAYS \$ OTHER SERV  | RED REC LOC L                  | LDR LOC (DESC BELC |
| DAYS PERI               | OD REST                          | %%<br>%%        |                         |                     |                                |                    |
| E(S) AND ADDRES         | SS(ES) FOR OFF PREM POWER        |                 |                         |                     |                                |                    |
| ,.,                     |                                  |                 |                         |                     |                                |                    |
|                         |                                  |                 |                         |                     |                                |                    |
|                         |                                  |                 |                         |                     |                                |                    |
|                         |                                  |                 |                         |                     |                                |                    |
| ER COVERAGES            |                                  |                 |                         |                     |                                |                    |
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SIGNATURE AGENCY CUSTOMER ID: SPRIMOU-03 JRYAUDES

### Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

### Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

### Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto commits a fraudulent insurance act.

### Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

### Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

## Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

### Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| PRODUCER'S SIGNATURE  A CAA | PRODUCER'S NAME (Please Print) Dina Campana Smith, CIC |                    | STATE PRODUCER LICENSE NO (Required in Florida) |
|-----------------------------|--|--------------------|---|
| APPLICANT'S SIGNATURE       |  | DATE<br>05/15/2020 | NATIONAL PRODUCER NUMBER                        |

ACORD 810 (2014/12)

| ADDITIONAL COVERAGES OVERFLOW   | SPRIMOU-03                   | JRYAUDES                     | PAGE 1         | OF 2 |
|---|------------------------------|------------------------------|----------------|------|
| * Code PROPE; Description Prop-Gard Select-Basic Exten.of Cov for Wineria       | es190092 5/1/6;              |                              |                |      |
| * Code PROPE; Description Prop-Gard Select-Transportation Cov Extension         | -190011 05/1/94;             |                              |                |      |
| * Code CARGO; Description Cargo Legal Liability; Limit 1 \$10,000;              |                              |                              |                |      |
| * Code TRELL; Description Trellis or Vines; Limit 1 \$50,000; Deductible \$1,00 | 00;                          |                              |                |      |
| * Code PACKA; Description Packaging Errors Annual Aggregate; Limit 1 \$50       | 0,000; Deductible \$1,000;   |                              |                |      |
| * Code RENTA; Description Rental Cost Reimbursement; Limit 1 \$10,000; De       | eductible \$1,000;           |                              |                |      |
| * Code MOBIL; Description Mobile Agricultural Equipment; Limit 1 \$50,000; I    | Deductible \$1,000;          |                              |                |      |
| * Code EMPLO; Description Employee Theft-Limited and Forgery-Limited Pe         | er Occ & Agg; Limit 1 \$25,0 | 000; Limit 2 \$50,000; Deduc | tible \$1,000; |      |
| * Code COMBI; Description Combined Limit of Insurance; Limit 1 \$250,000;       |                              |                              |                |      |
| * Code FIRE; Description Fire Protection Equipment - Included in Combined       | Limit; Deductible \$1,000;   |                              |                |      |
| * Code EXPED; Description Expediting Expense Included in Combined Limit         | t; Deductible \$1,000;       |                              |                |      |
| * Code CONTR; Description Contract Penalty Included in Combined Limit; D        | eductible \$1,000;           |                              |                |      |
|   |                              |                              |                |      |

| ADDITIONAL COVERAGES OVERFLOW  | SPRIMOU-03        | JRYAUDES | PAGE 2 | OF 2 |
|--|-------------------|----------|--------|------|
| * Code ANIMA; Description Animal Damage Included in Combined Limit; De | ductible \$1,000; |          |        |      |
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| * Code WINE; Description Wine Caves Included with Policy;              |                   |          |        |      |
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| * Code FUNGI; Description Fungi Limitation; Limit 1 \$25,000;          |                   |          |        |      |
| Code Pongi; Description Fungi Limitation; Limit 1 \$25,000;            |                   |          |        |      |
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| AGENCY CUSTOMER ID: | SPRIMOU-03 |
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**JRYAUDES** 

LOC#:

# ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

| AGENCY Lice Arthur J. Gallagher & Co. Insurance Brokers of CA., In |           | NAMED INSURED Spring Mountain Vineyard, Inc. 2805 Spring Mountain Road |
|--|-----------|--|
| DOLLOV MITMBED   |           | Napa   |
| CARRIER  | NAIC CODE |  |
| Chubb Limited  | 1         | EFFECTIVE DATE: 06/01/2020   |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 140 FORM TITLE: PROPERTY SECTION

Equipment Breakdown Coverage Damage to Covered Property - policy limits Time Element - policy limits Perishable Stock - Not covered Hazardous Substance - \$100,000 Expediting Expense - \$250,000 Data Restoration - \$50,000 Service Interruption - \$250,000 - Waiting Period - 24 hours

\$2,500 Deductible

Fire mitigation

2805 Spring Mountain Road (Miravelle) - There are 3 fire hydrants at Miravelle. Guest parking area, in front of winery, in front of tasting room.

2840 Spring Mountain Road (Alba) - 10,000 water tank with fire hose attached at pump. Access or fire trucks to fill there. 3101 and 2820 Spring Mountain Road (La Perla) - Both La Perla and Chevalier have many water access points from vineyard irrigation system.

All buildings have fire extinguishers that are checked annually by a company that comes for inspection. They replace extinguishers that are not acceptable/performance.

Maintain fire break corridors by cleaning downed trees. Brush is chipped and used on vineyard avenues for dust suppression.

Generators are used for pumps to pump water from wells. Generators are portable.

Tanks and Barrels and bottling line Average tank volume - 2,000 gallons

# of Barrels and average cost new - 1,400 barrels - Cost - \$1,000 to \$1,200

All Barrels in the Cave

What racks or system is used to prevent damage from earthquake - 70% of Barrels are stored on ground. BAlance stored on wood railings no higher than 2 high.

Bottline Line - estimated cost to replaced new - \$250,000

ACORD 101 (2008/01)

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